



2019 REGISTRATION form

Team Name: _____

Team Captain: _____

Team Type: Co-Ed Team of 2

Co-Ed Team of 4

Female Team of 2

Female Team of 4

Male Team of 2

Male Team of 4



Team Member # 1: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Birth Date: _____

Gender: Female Male

Emergency Contact Name: _____

Emergency Contact Phone: _____

Team Member # 3: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Birth Date: _____

Gender: Female Male

Emergency Contact Name: _____

Emergency Contact Phone: _____

Team Member # 2: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Birth Date: _____

Gender: Female Male

Emergency Contact Name: _____

Emergency Contact Phone: _____

Team Member # 4: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

Birth Date: _____

Gender: Female Male

Emergency Contact Name: _____

Emergency Contact Phone: _____



Bring your completed form to the weigh-in event at the Hudson House Grand Hotel