

Team Registration Form



School: _____

Address: _____

City: _____ Zip: _____

County: _____ Date: _____

Team Members	T-Shirt Size
1.	
2.	
3.	
4.	
5.	
Alternate	

Advisor: _____

Email: _____

Return this completed form, one medical/photo release form for each of the team members, and the \$25.00 registration fee to the address below.

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