



Registration Information

Please Print

Name:	
Address:	
Phone Number:	
Email:	

Emergency Contact Information

Please Print

Emergency Contact Name:	
Emergency Contact Phone Number:	

I am registering as an: _____ (Check One)

Individual:

Team Member Team Name: _____

Registration fee _____ (Check One)

General Registration \$40 (+ \$60):

Payment Information (For Credit Card)

Please Print

Name on Credit Card:	
Number:	
Expiry Date:	
Security Code:	

