REGISTRATION FORM

ID STICKER

NAME OF TEAM:	(50 CH	aracters	maxim	um, n	nciuaing	space	s and	. punctu	auon)	
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	ll_		_		_ _	l	_ _	_	_	
TELEPHONE NUMBEI	R _		· _		<u> </u>			_ 1	DORM _	_ IF
PLAYING FROM A M	OTEL,	INCLUDI	E ROOM	1 NUN	1BER		_ _	l		
NUMBER OF PEOPL	E ON T	EAM _	_	_ _	(inclu	de all p	layers)		
ΓΕΑΜ CAPTAIN _									J	
ADDRESS OF TEAM DOES YOUR TEAM V										
YES	NO	(circle on	ie)							
	NUM	BER OF U	WSP Al	LUMN	II ON TEA	AM				
MAILING ADDRESS USE CURRENT INFO NAME	RMAT	<u>ION</u>						l		
CITY, STATE ZIP							_		_l	
EMAIL ADDRESS									_l	
TRIVIA 55 STAFF SE	CTION	•								
REGISTRATION (CLERK	INITIAL	S:	_						
DATE REGISTER	ED:	//25	Ī				RE	GISTRAT	ΓΙΟΝ FE	E
COMPUTER OPE	RATOR	R INITIAL	S:	_ _	_		PAI	D \$40.00		
ENTERED DATE:	/	/25								