

TRIVIA UNPLUGGED APPLETON REGISTRATION FORM

NAME OF TEAM: (36 characters maximum, including spaces and punctuation)

TELEPHONE NUMBER | -- | -- |

NUMBER OF PEOPLE ON TEAM | | **Maximum 10**

TEAM CAPTAIN | _____ |

EMAIL ADDRESS | _____ |

PLEASE RETURN COMPLETED FORM TO averhagen@capmail.org

or:
 CAP Services, Inc. Attn. Amy Verhagen
 Trivia Unplugged
 821 E. 1st Avenue. St. 3
 Appleton, WI 54911

REGISTRATION CLERK INITIALS: | |

DATE REGISTERED: ____/____/18

PAID \$200.00 | |

TIME/DATE OF POSTMARK: ____:____ AM PM

____/____/18

COMPUTER OPERATOR INITIALS: | |

PAID \$220.00 | |

ENTERED DATE: ____/____/18