Trivia Unplugged Wautoma Registration Form

Name of Team: (36 characters maximum, including spaces and punctuation)

|____|____|____|____|____|____|____|____|____|____|____|____|____|____|

|____|____|____|____|____|____|____|____|____|____|____|____|____|____|_

|____|____|____|____|___|____|____|____|

Telephone Number:

|____|____|____|--|____|____|____|--|____|____|____|____|

Number of persons on team |____|____| (Maximum 10)

Team Captain Name:

|_____|

Team Captain Email:

|_____|

PLEASE RETURN COMPLETED FORM TO wausharafcc@capmail.org

Office use only

PAID $150.00 |_____| ____/____/21

PAID $160.00 |_____| (If paying day of event)

DATE REGISTERED: ____/____/21

TIME/DATE OF POSTMARK: _____:_____ AM PM

REGISTRATION CLERK INITIALS: |_____|_____|