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 kcalmes@capmail.org

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

REGISTRATION CLERK INITIALS: |____|____|

DATE REGISTERED: ____/____/19

TIME/DATE OF POSTMARK: _____:_____ AM PM

COMPUTER OPERATOR INITIALS: |____|____|

ENTERED DATE: ____/____/19

PAID $200.00 |____|

____/____/19

PAID $220.00 |____|