TRIVIA UNPLUGGED WAUTOMA 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 wausharafcc@capmail.org

or:
CAP Services, Inc. Attn. Sherry Weise
Trivia Unplugged
205 East Main Street Wautoma, WI
54982-9501

REGISTRATION CLERK INITIALS: |____|____|

DATE REGISTERED: ____/____/19

TIME/DATE OF POSTMARK: _____:_____ AM PM

COMPUTER OPERATOR INITIALS: |____|____|

ENTERED DATE: ____/____/19

PAID $150.00 |____|

____/____/19

PAID $160.00 |____|