TRIVIA UNPLUGGED WAUSHARA 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 along with check made out to CAP Services, Inc. to

CAP Services, Inc.
Trivia Unplugged
205 East Main Street
Wautoma, WI 54982-9501

For questions, please contact Audelina Sanchez at asanchez@capmail.org.

FOR STAFF USE:

REGISTRATION CLERK INITIALS: |____|____|

DATE REGISTERED: ____/____/23

TIME/DATE OF POSTMARK: _____:_____ AM PM

PAYMENT RECEIVED: ____/____/23

PAYMENT AMOUNT:

PAID $150.00 |_____|