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 along with check made out to CAP Services, Inc. to

CAP Services, Inc.
Trivia Unplugged
821 E. 1st Avenue. St. 3
Appleton, WI 54911

For questions, please contact Deb Zaske at dzaske@capmail.org.

FOR STAFF USE:

REGISTRATION CLERK INITIALS: |____|____|

DATE REGISTERED: ____/____/_____

TIME/DATE OF POSTMARK: _____:_____ **AM PM**

PAYMENT RECEIVED: ____/____/_____

PAYMENT AMOUNT:

$300.00 |_____|