

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: |_____|_____|

PAYMENT RECEIVED: ____/____/____

DATE REGISTERED: ____/____/____

PAYMENT AMOUNT:

TIME/DATE OF POSTMARK: _____:_____ AM PM **PAID \$150.00** |_____|