

SPECIAL EVENTS REGISTRATION FORM

Pacers Clinic
 October 16, 2017
 Names Due by October 2, 2017



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

HOD Information for EVENT

HOD: _____

EMAIL: _____

CELL PHONE: (____) _____

SIZE TOTALS (NOT A GUARENTEE OF SHIRTS)

Small		XXL	
Medium		XXXL	
Large			
XL			

Participants: List Athletes then Chaperones / Copy pages as needed

NAME	T-Shirt Size	TYPE
1.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
2.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
3.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
4.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
5.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
6.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
7.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
8.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
9.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
10.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
11.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
12.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
13.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
14.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
15.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
16.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone
17.		<input type="checkbox"/> Athlete <input type="checkbox"/> Chaperone

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