TRIVIA UNPLUGGED REGISTRATION FORM

ID STICKER

NAME OF TEAM: (36 characters maximum, including spaces and punctuation)

|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|

|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|____|

TELEPHONE NUMBER |____|____|____|--|____|____|____|____|

NUMBER OF PEOPLE ON TEAM |____|____|

TEAM CAPTAIN |_____|

EMAIL ADDRESS |_____|

MAKE ALL CHECKS PAYABLE TO: ARTS ALLIANCE OF PORTAGE COUNTY

SUBMIT COMPLETED FORMS TO:

ARTS ALLIANCE OF PORTAGE COUNTY
PO BOX 565
STEVENS POINT, WI 54481

ARTS ALLIANCE STAFF SECTION:

REGISTRATION CLERK INITIALS: |____|____|____|

DATE REGISTERED: ____/____/10

TIME/DATE OF POSTMARK: _____:_____ AM PM ____/____/10

COMPUTER OPERATOR INITIALS: |____|____|____|

ENTERED DATE: ____/____/10

REGISTRATION FEE

CHECK ONE

PAID $160.00 |____|

PAID $180.00 |____|