



# TEAM REGISTRATION FORM

Phone: (869)-469-3481  
Mobile: (869)-66-Games  
Magic Jack: (917)-285-8707  
website: www.fitwellnesscenter.com

TEAM NAME: \_\_\_\_\_ GAMES THEME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ DATE OF GAMES: \_\_\_\_\_

TEAM LEADER: \_\_\_\_\_ CUT OFF DATE: \_\_\_\_\_

CONTACT INFO: \_\_\_\_\_ ORIENTATION DATE: \_\_\_\_\_

COMPETITION PACK:  FIT Pack  Own Team Uniform

AMOUNT PAID: \_\_\_\_\_  Check  Cash  Credit Card

## PARTICIPANT <sup>1</sup>

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER:  Male  Female

T-SHIRT:  S  M  L  X-L  2X

## PARTICIPANT <sup>2</sup>

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER:  Male  Female

T-SHIRT:  S  M  L  X-L  2X

## PARTICIPANT <sup>3</sup>

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER:  Male  Female

T-SHIRT:  S  M  L  X-L  2X

## PARTICIPANT <sup>4</sup>

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GENDER:  Male  Female

T-SHIRT:  S  M  L  X-L  2X

~ Please note that the team must consist of four (4) persons, which should include one (1) female ~