

REGISTRATION FORMS

Copy as a word document, fill it out and attach it to your email to sopaaream@aol.com or print and fax to: 717-732-8414

COSTUME CONTEST: February 4, 2011

Office Use: _____

Name: _____

Address: _____

City: _____ **ST:** ___ **Zip:** _____

IGLOOVILLE: February 4, 2011

Office Use # _____

Name: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Team Name: _____ **1 or 2 = 10x10 Tent(s)**
Circle

Reminder tent drop off is prior to 9:30AM

TUG OF WAR: February 4, 2011

Office Use: # _____

Team Name: _____

Number of Team Members: _____ **Males:** _____ **Females:** _____

Age Group: _____ (Youth all members must be 16 or under

Adults _____ (All members must be 17 or over

Male Division _____ **Female Division** _____ **Mixed** _____

AWARDS PARTY - March 11, 2012

Total Number Attending: _____

Name : _____

If applies

Team Name: _____

Team Members Attending:
