

REGISTRATION FORM

ID STICKER

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

TELEPHONE NUMBER |___|___|___|--|___|___|___|--|___|___|___|___| **DORM** |___|

IF PLAYING FROM A MOTEL, INCLUDE ROOM NUMBER |___|___|___|

NUMBER OF PEOPLE ON TEAM |___|___|___| (include all players)

TEAM CAPTAIN |_____|

ADDRESS OF TEAM HEADQUARTERS |_____|

DOES YOUR TEAM WANT TO BE CALLED FOR A "TRIVIA FOCUS" INTERVIEW?

YES NO (circle one) **NUMBER OF UWSP ALUMNI ON TEAM** |___|

NAME AND EMAIL OF ANY UWSP ALUMNUS ON TEAM |_____|

MAILING ADDRESS FOR TRIVIA 50 CERTIFICATE:
PLEASE PRINT NEATLY, AND USE CURRENT INFORMATION

NAME |_____|

ADDRESS |_____|

CITY, STATE ZIP |_____||___|___|

EMAIL ADDRESS |_____|

TRIVIA 50 STAFF SECTION:

**REGISTRATION FEE
CHECK ONE**

REGISTRATION CLERK INITIALS: |___|___|___|

DATE REGISTERED: ___/___/19

PAID \$20.00 |___|

COMPUTER OPERATOR INITIALS: |___|___|___|

PAID \$40.00 |___|

ENTERED DATE: ___/___/19

FREE |___|