



TEAM 79 KRUNCH

REGISTRATION FORM – RETURNING STUDENT TEAM MEMBER

PLEASE PRINT CLEARLY and fill out COMPLETELY

CURRENT SEASON: _____

STUDENT'S FULL LEGAL NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STUDENT'S CELL PHONE NUMBER: _____ T-SHIRT SIZE: S M L XL XXL XXXL

STUDENT'S EMAIL ADDRESS: _____

HIGH SCHOOL: _____ GRADE: _____

I HAVE INTEREST OR EXPERIENCE IN THE FOLLOWING SKILLS: (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Mechanical Skills | <input type="checkbox"/> Photography / Videography | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Electrical Skills | <input type="checkbox"/> Recording and/or Editing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Software / Programming Skills | <input type="checkbox"/> CAD / Graphic Design | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Woodworking / Shop Skills | <input type="checkbox"/> Adobe Software Products | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Crafting | <input type="checkbox"/> Community Service | <input type="checkbox"/> Social Media |

PARENT 1 / GUARDIAN'S NAME: _____

EMAIL ADDRESS: _____ CELL PHONE NUMBER: _____

PARENT 2 / GUARDIAN'S NAME: _____

EMAIL ADDRESS: _____ CELL PHONE NUMBER: _____

ALT / EMERGENCY CONTACT NAME: _____

EMAIL ADDRESS: _____ CELL PHONE NUMBER: _____

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____

~ OFFICE USE ONLY ~

Competition Team Shirt Membership Fee Received \$ _____ Cash or Check #: _____

APPROVED COACH'S SIGNATURE: _____ DATE: _____