Team Name:	School Name			
		_		
		County: Zip:		
City:	County:		∠ I	p:
HIS YEAR, TSHIRTS WILL	ONLY BE GIVEN TO AREA	5 WINN	ING TEA	MS*** Office Use Only
Name			T-shirt	Attending
	<u>Sex</u>	<u>Grade</u>		<u>Area</u> <u>State</u>
Captain:	· · · · · · · · · · · · · · · · · · ·			
Member:				
Member:				
Member:				
Alternate:				
Advisor 1:		_ M/F		
E-mail address:			T-shirt S	ize:
Most state-level correspondence will b	e through e-mail. Please clearly note an	e-mail addr	ess where ye	ou can be reached.
Advisor 2:		_ M / F		
			Cell Phone	2:
E-mail address:		T-shirt Size:		

Please note any mobility or medical issues, food preferences (i.e. vegan, vegetarian, etc.), or dietary restrictions. We will try to accommodate these as much as possible.

Name	Comments