



INDIVIDUAL/UNIT PARTICIPANT REGISTRATION FORM

Name: _____
(if registering as a unit, please provide a roster of names of adults and youth at onsite check-in on November 17th, 2017)

Email: _____

(Cell) Phone: _____

Unit Type and Number: _____

of Participants ____ \$40 each

of Adults _____ \$25 each

of T-shirts _____ \$10 extra/\$15 for 2X and higher (indicate which size and how many)

SM _____ MED _____ LARGE _____ XL _____ 2X _____ 3X _____ 4X _____

of total participants _____ for Jedi Academy 2017

Credit Card Information: (Check One) Visa _____ MC _____ DISC _____

TOTAL AMOUNT \$ _____

NAME ON CARD _____ EXP. DATE _____

CARD # _____

SIGNATURE (REQUIRED) _____

NOTE: Registration deadline is Friday, November 10, 2017.

