

MONTANA SENIOR OLYMPICS EVENT FORM B

PLEASE PRINT OR TYPE ALL INFORMATION

YOUR LAST NAME / FIRST NAME / MI / AGE

IF ON A TEAM: NAME OF TEAM : _____ (BASKETBALL only)
 COACH/MGR. NAME PHONE

PARTNERS EVENTS. NOTE: EACH PARTNER MUST COMPLETE THEIR OWN APPLICATION—DO YOU NEED A PARTNER? _singles M F; doubles M F; or mixed doubles

EVENT CODE _____ PARTNER NAME _____ PHONE _____
 EVENT CODE _____ PARTNER NAME _____ PHONE _____

ALL PARTICIPANTS MUST FILL THIS PART OUT (information in booklet)

LIST EVENT DESCRIPTION (FROM BOOKLET)	LIST EVENT CODE	LIST DAY OF WEEK	LIST HOUR OR SHIFT	EVENT FEES LIST
(EXAMPLE) ROAD RACE 5K	RRA5K(example)	THUR	5:00 PM	\$4.00 (example)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

ADD ALL EVENT FEES →

\$.

UP

(\$10 before May 25--\$20 May 26 -29 **ADD REGISTRATION FEE** →

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OPTIONAL: BANQUET FRIDAY: I WILL ATTEND _____ GUESTS _____ :EA \$14.50 ▶

Name of guests (for name tags)

OPTIONAL: BUFFET THURS. : I WILL ATTEND _____ GUESTS _____ : EA \$7.00 ▶

Name of guests (for name tags)

OPTIONAL: DONATION TO MONTANA SENIOR OLYMPIC OPERATING FUND ▶

OPTIONAL: T-SHIRT SIZE S _ M _ L _ XL _ XXL _ XXXL _ \$10.00 EA -- ▶



MAKE CHECK OUT TO MSO TOTAL AMOUNT ENCLOSED ▶▶▶▶▶
 (do not include softball)

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Send check and form A & B to :

MSO
 20 CLONINGER
 BOZEMAN, MT. 59718

(questions: (406) 587-2032



LIABILITY RELEASE ON FORM A SIGNED



YES ___ NO ___