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)
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	6:00PM	$4.OO (example)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9				

ADD ALL EVENT FEES UP → $.

($10 before May 21--$20 May 22 –25 ADD REGISTRATION FEE → $

FRIDAY
OPTIONAL: BANQUET $15.00 (I WILL ATTEND_____)GUEST $15.00 ea # ____
Name of guest: (for name tag)

THURSDAY: Alive@five **in Whittier Park from 5:00-9:00**
NO CHARGE, INCLUDES FOOD & DRINK TOKENS
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)

ATTEND; a FREE Racewalk Clinic –Thursday June 7 –3:00PM at Memorial Field

Send check and form A & B to : **MSO**
20 CLONINGER
(questions: (406)587-2032 BOZEMAN, MT. 59718

COMMENTS:
MSO may use any pictures taken of me during the games to be used in advertisements Y__N__

★ LIABILITY RELEASE ON FORM A SIGNED → YES ___ NO____