

INFORMATION YOUR TEAM MANAGER NEEDS IN ORDER TO COMPLETE REGISTRATION:

SPECIAL REQUEST/NEEDS FOR TEAM MEMBER _____(name)

- Physical: _____
- Language: _____
- Opening/Closing Ceremony ADA: _____
- Opening/Closing Ceremony non-ADA: _____

SPECTATORS:

Parents, Siblings, Grandparents, your 2nd cousin twice removed, the neighbor down the street...there are unlimited event passes, but to avoid a \$25 fee, **ALL** spectators must be registered **by APRIL 13th**. If there is even a possibility that Auntie may stop by KCC, provide their information so they can be registered!

First Name: _____

Last Name: _____

Age as of 4/13/22:

(If 18 & U) _____ years

- Over 18 years old

Pronouns:

- He/Him
- She/Her
- They/Them
- I prefer alternate pronouns _____
- I do not want my pronouns displayed

Email Address (MANDATORY so forms can be sent via the DI Portal – these MUST be completed by Wed 04/13/22!)

_____ @ _____ . _____

First Name: _____

Last Name: _____

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