

2017 Dixie Games

Registration/Checklist Expense Form

Checks must be made out to: **Dixie Wheelchair Athletic Association**

Registrations must be postmarked by **4/26/2017**

Registration Fee **\$75** per person. Late Registration Fee: **\$30 per registration**

Please complete the registration form on line and save it to your computer as the athlete's name.

Email the Registration Checklist Form, Athlete Event Form, and Relay Forms as attachments to:

fastpasco@gmail.com All other forms requiring signatures and payment will be mailed to:

2017 Dixie Games-Pam Chiavaroli, 7207 Cheshire Court, Hudson, FL 34667

Registrant Name: _____ DOB: _____ Gender: Male / Female

Address: _____ City: _____ State: _____ Zip Code: _____

Mobile Contact Number: _____ Email Address: _____

Disability: _____

Coach's Name: _____ Team Name: _____

Coach's Daytime Phone: _____ Coach's Cell Phone: _____

Coach's Email: _____

Adaptive Sports USA 2017 Membership #: _____ IPC License # _____

T-Shirt Size: **YOUTH** Small Medium Large **ADULT** Small Medium Large XL XXL

This checklist is provided to assist in completing the necessary forms. Please check off all forms that are used.

- Registration Form Checklist/Expense Form:** To be completed by all registrants.
- Athlete Event Form:** To be completed by all athletes
- Track Relay Event Form:** To be completed by Head Coach for relay teams
- Swim Relay Event Form:** To be completed by Head Coach for relay teams
- Waiver Form:** Required of all officials, athletes, registered coaches and assistant coaches

Please check the appropriate boxes and complete the expense formulas below.

- | | |
|--|----------|
| <input type="checkbox"/> Registration Fee for _____ (# athletes) enclosed @ \$75 per athlete; includes lunch on
May 13 th | \$ _____ |
| <input type="checkbox"/> Registration Fee for _____ (# coaches) enclosed @ \$25 per coach | \$ _____ |
| <input type="checkbox"/> Late registration fee postmarked after April 26, 2017 @ \$30 per individual | \$ _____ |
| <input type="checkbox"/> Additional lunches requested May 13 th @ \$10 each _____ | \$ _____ |
| TOTAL Enclosed | \$ _____ |

Name on Check _____

Check Number _____

Please make all checks payable to:

Dixie Wheelchair Athletic Association

Please send all forms requiring signatures and checks to:

2017 Dixie Games Pam Chiavaroli

7207 Cheshire Court

Hudson, FL 34667

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