



Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Team Affiliation \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Event(s) \_\_\_\_\_ Seed Time/Distance \_\_\_\_\_

\_\_\_\_\_ Seed Time/Distance \_\_\_\_\_

\_\_\_\_\_ Seed Time/Distance \_\_\_\_\_

\_\_\_\_\_ Seed Time/Distance \_\_\_\_\_

\_\_\_\_\_ Seed Time/Distance \_\_\_\_\_

\_\_\_\_\_ Seed Time/Distance \_\_\_\_\_

1<sup>st</sup> Event \$50 Each Additional \$10 Deadline 9:45 am

Each additional for pre-registered athlete \$10 Deadline 9:45 am

Change event for registered same athlete \$5 Deadline 9:45 am

Total Cost \$ \_\_\_\_\_ Cash or Checks to State Games of Michigan please. Waiver required.

