



Special Event Entry Form

FULL NAME: _____ PID#: _____
PHONE#: _____ E-MAIL: _____
MALE FEMALE
EVENT ENTERING: _____
ROOMATE PREFERENCE: _____
<small>As a participant, I* assume responsibility for obtaining event information, verifying my eligibility, providing equipment as required, and being informed of event rules.</small>
PARTICIPANT SIGNATURE: _____ DATE: _____
FOR OFFICE USE ONLY
DATE: _____ STAFF INITIALS: _____
PAYMENT RECEIVED: _____ RECEIPT# _____