

MONTANA SENIOR OLYMPICS EVENT FORM B

PLEASE PRINT OR TYPE ALL INFORMATION

/

YOUR LAST NAME	FIRST NAME	MI	BIRTHDATE	AGE
-----------------------	-------------------	-----------	------------------	------------

IF ON A BASKETBALL TEAM: NAME OF TEAM : _____
COACH/MGR. NAME _____ PHONE _____

PARTNERS EVENTS. NOTE: EACH PARTNER MUST COMPLETE THEIR OWN APPLICATION. Please list Partners name DATE OF BIRTH & E-MAIL				
EVENT CODE _____	PARTNER NAME _____	EMAIL _____	BIRTHDATE _____	
EVENT CODE _____	PARTNER NAME _____	EMAIL _____	BIRTHDATE _____	

NOTE: All swimmers SEED TIME FOR SWIMMING _____

ALL PARTICIPANTS MUST FILL THIS PART OUT (for mail-in)

LIST EVENT DESCRIPTION (FROM BOOKLET)	LIST EVENT CODE	LIST DAY OF WEEK	LIST SHIFT FOR BOWLING	EVENT FEES LIST
(EXAMPLE) BOWLING SINGLES	BOWLS	FRI	FRI-10:00	\$4.00 (example)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Swimmers need to attach a seed time for	each event			

ADD UP ALL EVENT FEES (\$4.00 ea) + Registration fees-see next line	ADD UP ALL EVENT →	\$.
--	---------------------------	------

(\$28 before May 11--After May 12-22-- \$35)	ADD REGISTRATION FEE →	\$
--	-------------------------------	----

OPTIONAL: BANQUET \$19.00 (I WILL ATTEND _____) GUEST \$19.00 ea # _____ Names of guests: _____	\$
---	----

OPTIONAL: BUFFET \$11 (THURS.) (I WILL ATTEND _____) GUESTS(\$11) ▶ Names of guest for buffet: _____ FUSESPORT FEE,(only IF OVER 85 & DON'T PAY REGISTRATION FEE >>>>>\$5.00 ▶ : T-SHIRT SIZE S _ M _ L _ XL _ XXL _ XXXL _ FREE, but we need your SIZE)	\$
--	----

DONATION TO MONTANA SENIOR OLYMPIC OPERATING FUND Total payment:	\$
	\$.

PICK UP SHIRTS, NUMBERS, TICKETS and MAPS at RED LION INN-209 Ridgewater Drive in Polson

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

OR: REGISTER ON-LINE <http://montana.fusesport.com/>

★ LIABILITY RELEASE ON FORM A SIGNED (MAIL-IN ONLY) →	YES ___ NO ___
--	----------------