



2017 Talooli Throwdown Registration Form 2017



Art Throwdown – May 13, 2017 STEAM Throwdown – October 7, 2017

Each team must have at least one adult leader. Teams should consist of 8-12 middle and/or high school students.

Teacher/Leader: Name _____ Email _____

Teacher/Leader: Name _____ Email _____

School/Organization _____ Phone Contact _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Student Name _____ Age _____ Grade _____

Please notify us if you have made any changes/additions to your student roster prior to the event date.

Payment

Check one of the following payment options

- Enclosed is check for the team fee of \$150/event
- I or my school district will be mailing a check for the fee of \$150/event
- My team's qualifies for funding through Arts-In-Education. I will be submitting a request for the team fee.

Make all checks payable and send to: Camp Fire, PO Box 6 Phoenix, NY 13135

Return this form via email to Jeff Peneston (jeff@campfireusacny.org) or by mail to PO Box 6 Phoenix, NY 13135.

Once teams are registered, more information will be sent regarding how to prepare your team as well as medical authorization forms to be completed.

Team Leader Signature _____ Date _____