



2010 Individual Registration Form

Challenger Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Day Phone: () _____ Evening Phone: () _____

E-mail Address: _____

Gender: M F T-Shirt Size (Youth Md-Lg, Adult Sm-XXL): _____

Birth Date: _____

School or University (If Applicable): _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Day Phone: () _____ Evening Phone: () _____

Relationship: _____

Payment Information

Method of Payment (*Do Not Send Cash*): Check Money Order Credit Card

Credit Card Information: Check here if billing address is same as challenger address

Full Name as it Appears on Card: _____
Last *First* *M.I.*

Billing Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Card Number: _____ Expires (mo/yr): _____ Security Code: _____

Registration Fee: \$50 per individual challenger Total Amount Enclosed: _____

-Please enclose check or money order with this form.
-Paper entries must be postmarked by **March 27, 2009**.
-Make checks payable to the CMZ Memorial Foundation.

-Credit Card Payments will be processed via Paypal.
-Please mail all registration forms to:
ZMan Challenge, 8102 Ephraim Rd., Austin, TX 78717