

2010 Team Registration Form

Challenger 1 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): _____

Challenger 1 Emergency Contact

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

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

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

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

Relationship: _____

Challenger 2 Information

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

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

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

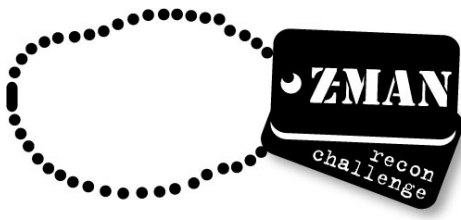
Day Phone: () _____ Evening Phone: () _____

E-mail Address: _____

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

Birth Date: _____

School or University (If Applicable): _____



2010 Team Registration Form

Challenger 2 Emergency Contact

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

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

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

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

Relationship: _____

Challenger 3 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): _____

Challenger 3 Emergency Contact

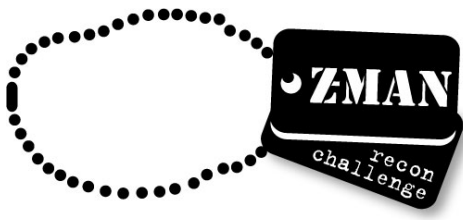
Full Name: _____
Last _____ *First* _____ *M.I.* _____

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

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

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

Relationship: _____



2010 Team Registration Form

Challenger 4 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): _____

Challenger 4 Emergency Contact

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: \$200 per team Total Amount Enclosed: _____

-Please enclose check or money order with this form.
-Paper entries must be postmarked by **March 1st, 2010**.
-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