

# Charlie's Challenge Registration Form 2020

Event Date: February 27, 2020

Student's Name: \_\_\_\_\_ / Homeroom \_\_\_\_\_

Team Members: (2<sup>nd</sup>-5<sup>th</sup> grade)      \$30 per team member      Date Paid

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

**Liability Release (please sign):** I hereby release Eanes ISD, American Cancer Society and all organizers of this event from all responsibility in case of any accident occurring during the Charlie's Challenge Event.

Participant's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone : \_\_\_\_\_ Email \_\_\_\_\_

**Registrations will be accepted before school on Monday February 24, 2020  
Payment must accompany your registration form.**

**Checks may be made out to the American Cancer Society.**

**Only cash or checks may be accepted.**

**Space is limited.** We will close registration when the 10 team slots have been filled.