Operations Challenge ~ *2017 NJWEA Spring Fling*

*REGISTRATION FORM*

Caesars Hotel & Casino ~ Atlantic City, New Jersey

**May 8 & May 9, 2017**

**There is a $50.00 Registration Fee per 5 Member Team ~ $25.00 per person over the 5th person  
 Make check out to NJWEA ~ Mail to Kathy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do a Save as, fill in this form and email it to katherinecollinge@landissewerageauthority.com OR**  **Print this, fill it out then mail to the address listed below.** | | | | |
| Sponsor MA |  | | | |
| Team Name |  | | | Division:  I or  II |
| Address |  | | | |
| City, State, Zip | , | | | |
| Phone Number |  | Fax Number |  | |
| Captain Email Address |  | | | |
| Team Captain | 1. | | | |
| Team  Members | 2. | | | |
|  | 3. | | | |
|  | 4. | | | |
|  | 5.       (Alternate) | | | |
| Coach Designation (will also receive a copy of emails going to the captain) | | | | |
| Name |  | | | |
| Address |  | | | |
| City, State, Zip | , | | | |
| Phone Number |  | Fax Number |  | |
| Email Address |  | | | |

*T-Shirts*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Medium | Large | X Large | XX Large | XXX Large |
|  |  |  |  |  |  |
| **How Many** |  |  |  |  |  |

*Food Requirements*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday  Breakfast | Monday  Lunch | Monday  Social | Tuesday  Breakfast | Tuesday  Lunch | Tuesday  Meet & Greet |
|  |  |  |  |  |  |  |
| **How Many** |  |  |  |  |  |  |
|  |  |  |  |  |  | **(No Kids)** |

**Kathy Collinge, Spring Fling Coordinator**

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