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*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MondayBreakfast | MondayLunch | MondaySocial | TuesdayBreakfast | TuesdayLunch | TuesdayMeet & Greet |
|  |  |  |  |  |  |  |
| **How Many** |       |       |       |       |       |       |
|  |  |  |  |  |  | **(No Kids)** |

**Kathy Collinge, Spring Fling Coordinator**

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856-839-2683 office

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