

Information needed for Adult Chaperone:

First/Last/Email

Prefix

Preferred Name for Badges

Organization Name

Title

Gender

DOB

Team Name

Adult Team Leader (if not the same as above)

Emergency Contact Info – First/Last/Phone/Relationship

Contact Info – Address/City/ZIP/State/Primary Phone #/ Mobile #

Food Allergy/Dietary Restriction

ADA, special aid/service

Team Members Information (needed for all participants):

First/Last

DOB

Gender

Emergency Contact Info

Food Allergy/Dietary Restriction

ADA, special aid/service