

ELKS NATIONAL HOOP SHOOT • 2019-20 REGISTRATION FORM

Please complete this form and return it to your Lodge Hoop Shoot Director.

SHOOT IMPORTANT: Contestants may participate in one Lodge contest ONLY.

Sponsoring Elks Lodge No No						ВО	Υ _	GIRL	
Contestant's Name		Date of Birth				Please circle the correct age that the contestant will be on April 1, 2020.			
Address	City	State Zip			8 9 10				
Contestant's School					-	11	12	13	
Home Phone	A	llergies? YE	S NO			VOLITU			
Parent Email	[f	yes, please des	cribe: (CIRCLE C						
Below, list the name(s) of	-	-	ian(s) who wi	ill accompa	ny him/he	r to each H	oop Sho	oot contest	
or who should be contacte	ed in case of an emerg	ency.			Email				
NameRelationship					Cell Phone				
					Email				
Name	Relatio	Cell Phone							
As the parent and/or legal guardian of the abo above is correct and true to the best of my kn- understand that participation in the Elks Natio Inc., from any and all claims, demands, liabiliti consent and authorize the BPOE and the Elks I promotion of the Elks National Hoop Shoot co	owledge. I may be asked to provide ve onal Hoop Shoot is at the risk of the co les, obligations, damages, costs, expen National Foundation, Inc., to use and re	rification of the contestant ntestant and his/her fan ses, loss of service and a	ant's date of birth. If ur nily. I hereby release th actions arising from an	nable to provide pro ne Benelovent and F y act or incident to	oper verification, I Protective Order of the contestant's p	understand the cor Elks USA (BPOE) ar articipation or min	ntestant may b nd the Elks Na e in connection	oe disqualified. I tional Foundation, on therewith. I give	
Parent/Guardian		Signat	ure			D	ate		
Parent/GuardianSignature						Date			
		P SHOOT [
News (Discours 201)		DIRECTOR CO	1		L C (.)	/5	/_	/5	
Name (Please print) Phone			Score/25 Tiebreaker Score(s) Contestant's age verified: Yes						
Signature			Contestant	s age verille	u. Lies				
	·	DIRECTOR C	MDI ETE TU	IIS SECTION	AI				
Name (Please print)				ii3 3ECTIOI	<u> </u>				
Phone			1	_/25 Tiebrea	aker Score(s	5)/5	/5	/5	
Signature	Date	<u></u>							
	STATE D	DIRECTOR CO	MPLETE THIS	SECTION					
Name (Please print)									
Phone	Email		Score	_/25 Tiebre	aker Score(s)/5	/5 _	/5	
Signature	Date	2							
	REGIONA	L DIRECTOR C	OMPLETE TI	HIS SECTIO	N				
Name (Please print)									
Phone	Email		Score	_/25 Tiebre	aker Score(s)/5	/5 _	/5	
Signature	Date	<u></u>							