

# CONTEST REGISTRATION FORM

Please fill out ONE form per person  
(make as many copies as you need)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

B-DAY: \_\_\_\_\_

NAME ON GUEST BADGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOBBIES: \_\_\_\_\_

CONTEST WON: \_\_\_\_\_

DIVISION: \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_  
(ADD \$5 IF AFTER APRIL 15TH)

SIGNED: \_\_\_\_\_

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REMOVE THIS PORTION  
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MAIL TO:

NW REGIONALS  
5700 N. DRURY RD  
OTIS ORCHARDS WA 99027

