

E-lympics Registration Form:

Name of Program _____

Program address _____

Number of teams entered _____

Total cost _____ (\$10 for first team plus \$5 for each additional team)

(Copy & paste registration section below as often as needed)

Contact person _____

Contact person's email _____

Contact person's phone number _____

(needed for emergency contact during competition if technical issues occur)

Team name (should include school name) _____

Contact person _____

Contact person's email _____

Contact person's phone number _____

(needed for emergency contact during competition if technical issues occur)

Team name (should include school name) _____

Make check payable to St. Croix Valley ALC.

Send check and registration form to: Tom Wendt, 5640 Memorial Avenue N., Stillwater,
MN 55082