

**E-Iympics Registration Form
Thursday May 18th, 2017**

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, St. Croix Valley ALC, 5640
Memorial Ave. N., Stillwater, MN 55082