

2019 Dixie Games Registration/Checklist Expense Form

Registration Fee **\$75** per person. Late Registration Fee: **\$30 per registration**
Registrations must be postmarked by 4/22/2018

Please complete the registration form on line and save it to your computer as the athlete's name.

Email the Registration/Checklist Form, Athlete Event Form, and Relay Forms as attachments to:
fastpasco@gmail.com All other forms requiring signatures and payment will be mailed to:

2019 Dixie Games 7207 Cheshire Court, Hudson, FL 34667

Checks must be made out to: Dixie Wheelchair Athletic Association

Registrant Name: _____ Date Of Birth: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Disability: _____ USA Citizen: yes no

Disabled Veteran: Yes No

Branch of Service:

(need copy of Military I.D. sent with registration please)

WPC License#: _____

AdaptiveSportsUSA# _____

T-Shirt Size: _____

Coach's Name: _____

Team Name: _____

Coach's cell: _____

Coach's email: _____

Classification Appointment Needed: Yes No contact Meet Director: 727-271-3568

***This checklist is provided to assist in completing the necessary forms.

**** Please check off all forms that are used

_____ **Registration Form Checklist/Expense Form: To be completed by all registrants.**

_____ **Athlete Event Form: To be completed by all athletes**

_____ **Track Relay Event Form: To be completed by Head Coach for relay teams**

_____ **Swim Relay Event Form: To be completed by Head Coach for relay teams**

_____ **Waiver Form: Required of all officials, athletes, registered coaches and assistant coaches**

**** Please select items and complete expense formulas below.

_____ **Registration Fee for** _____ **(# Athletes) enclosed @\$75 per athlete;**
includes lunch on May 11th \$ _____

_____ **Registration Fee for** _____ **(# coaches) enclosed @\$25 per coach** \$ _____

_____ **Late registration fee postmarked after April 22, 2019 @ \$30 each** \$ _____

TOTAL ENCLOSED \$ _____

Name on Check _____

Check # _____

Please make all checks payable to: Dixie Wheelchair Athletic Association

Please send all forms requiring signatures and checks to:

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