



**2015 – 2016  
REGISTRATION FORM**

MOTHER'S NAME	MAILING ADDRESS	CITY	STATE	ZIP
FATHER'S NAME	HOME PHONE	DAD CELL PHONE	MOM CELL PHONE	
PARISH	SCHOOL	OTHER INFORMATION (ALLERGIES)		
MOTHER'S EMAIL ADDRESS:		FATHER'S EMAIL ADDRESS:		

MEMBER'S FULL NAME	DATE OF BIRTH	AGE / GRADE	CHALLENGE MEMBER BEST MEANS FOR CONTACT-PHONE / EMAIL	T-SHIRT SIZE YM / YL / AS / AM / AL / AXL

**ANNUAL MEMBERSHIP FEE (PER MEMBER) is \$ 50**  
*Please make checks payable to: CHALLENGE Wichita*

**DATE:** \_\_\_\_\_  
**TOTAL AMOUNT PAID:** \$ \_\_\_\_\_  
**CHECK #:** \_\_\_\_\_  
**CLUB TEAM:** \_\_\_\_\_  
**MEMBERSHIP KIT(S) RECEIVED:** \_\_\_\_\_

