

TEAM REGISTRATION

Payment

Total **\$ 100.00**

Balance must be paid in full before registration can be processed.

Visa MasterCard Discover American Express PO#/Check# _____

Credit Card # _____ Expiration Date _____

Signature _____

I would like to use a second card for a portion of the total.

Total to be charged to this card: \$ _____

Visa MasterCard Discover American Express PO#/Check# _____

Credit Card # _____ Expiration Date _____

Signature _____

SOUTHEASTERN COLLEGIATE
**LIFEGUARD
GAMES 2016**
OCTOBER 30 | ATLANTA, GA

"NIRSA On My Mind"  NIRSA Region II Annual Conference  October 31 - November 2, 2016  Atlanta, GA

page 1

COACH or TEAM LEAD

Last Name _____ First Name _____ DOB _____

Title _____ (as you would like it to appear on your badge)

Institution / Installation / Agency _____

Business Mailing Address _____

City _____ State / Province _____ Zip _____

Work Phone _____ Cell Phone _____

Email _____

It's okay to share my email address with vendors who are exhibiting at the 2016 Expo

Disability Services Requested (all participants)

Visual Hearing Physical Other

Dietary Restrictions (all participants)

Please list any dietary restrictions.

If you choose any of the above options, a representative will contact you to follow up regarding your request.

PARTICIPANTS

Last Name _____ First Name _____ DOB _____

Email _____

Last Name _____ First Name _____ DOB _____

Email _____

Last Name _____ First Name _____ DOB _____

Email _____

Last Name _____ First Name _____ DOB _____

Email _____