

The Mini Cooper Putt Putt Challenge

Registration Form



Name: _____

Address: _____

Telephone: _____

Email: _____

Church Name: _____

Playing as an individual? YES NO

Age group: Pre-Teen Teen Adult

Playing as a team? YES NO

Names of your teammates:

_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult
_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult
_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult
_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult

Playing as a family? YES NO

Family member names:

_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult
_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult
_____	<input type="checkbox"/> Pre-teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult
_____	<input type="checkbox"/> Pre-Teen	<input type="checkbox"/> Teen	<input type="checkbox"/> Adult