REGISTERING AS:
SINGLE PARTICIPANT TEAM

Single Participant or Team Leader Info

Name: _____ T-Shirt Size:_____ M F
Address:_____
City_____ State ____
Zip_____ Email_____Phone _____

IF TEAM LEADER: TEAM NAME: _____
# of participants on the team (including leader) ___

IF REGISTERING AS A TEAM: PLEASE COMPLETE THE TEAM MEMBER INFO PAGE. YOU MAY HAVE AS MANY PEOPLE ON YOUR TEAM AS YOU WOULD LIKE. Every participant will be required to sign the Release form at the registration/sign in table on the morning of the Event. Participants under 18 must have a parent present to sign consent form. If a participant is under 16, they must be on a team with members over 18.
No one under 16 will be allowed to attempt the course alone.

Send registration to:
St. Frances Cabrini School
XTREME OBSTACLES
2215 E. Texas Ave.
Alexandria, LA 71301
lhines@cabrinischool.com
Phone: (318) 448-3333
Fax: (318) 448-3343

REGISTRATION FEES ARE NON-REFUNDABLE

Individual Registration: $50

Team Registration
$45 per person

Registered: _____

Amount Paid: _____

TEAM MEMBER INFO

TEAM NAME:_____

Additional Team Members:

Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F
Name _____T-Shirt Size:_____ M F