



Decatur Highland Games

Contestant Registration Form

Please complete information below

Please note that the name and information below will be printed for game day events and the participant's lists.

1) Participant Information:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell: _____ Home Phone: _____

Event Preferred Communication: Email: _____ Text: _____ Call: _____

Gender: Male _____ (5 Events) Female _____ (5 Events)

Age: _____ DOB: _____

Tee Shirt Size _____

***Please take a picture of drivers license and forward to
lmorris@decaturchamber.org.**

2) Event Registration Fee

Event Registration Fee \$40. \$10.00 Is Due on Qualification Day. Non-Refundable Payment for non-qualifying contestants.

Make checks to Decatur Chamber of Commerce: Memo: Decatur Highland Games

Date: _____ / _____ / _____

Signature: _____