

Signature: _____

Decatur Highland Games

Contestant Registration Form

October 5, 2024

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:				
Email:				
Cell:	Home Phone:			
Event Preferred Communication:	Email:	Text:	Call:	_
Gender: Male (5 Events)	Female_	(5 Events))	
Age: DOI	B:			
Tee Shirt Size				
2) Event Registration Fee				
Event Registration Fee \$40. \$10.00 Is Due event. Non-Refundable Payment for non-		•	ice must be paid p	rior to
Make checks to Decatur Chamber o	f Commerce: I	Memo: Decatu	ır Highland Games	S
Date:///				