

REGISTRATION FORM

Name: _____ School: _____

Home address: _____

City _____ State _____ Zip _____

E-mail: _____ Phone _____

_____ \$135 per person

_____ \$399 for a team of four (see below)

**If you are sending more than four people, please call for a discounted price
(Contact Linda Allen, 843-839-5025)*

_____ PO Number

_____ Check—payable to **South Carolina Middle School Association**

Circle Credit card: Visa MC Discover American Express

Card # _____ **Exp. Date** _____

Credit Card ID _____

Name as it appears on card _____

Billing address (if different from above)

**Mail to: South Carolina Middle School Association, P O Box 6980,
Myrtle Beach, South Carolina 29572**

REGISTRATION DEADLINE—July 15, 2010

List of Team Members:

