

# Clark Sports Center Monster Bench 2010 Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Bench shirt:    Shirt    Non-Shirt    Rep-Off:    Yes    No

T-shirt Size: M    L    XL    XXL    Team Event:    Yes    No

Team Name: \_\_\_\_\_

\_\_\_\_\_

Please do not write below this line • Staff use only

\_\_\_\_\_