

Sport Stacking Registration Form
December 4 at North Columbus
Begin at 4:00 or 16:00

Name _____ Age _____

I would like to sign up for:

_____ 3-3-3

_____ 3-6-3

_____ Cycle

* Doubles _____ 8& under 9& over (circle one)

My partner's name _____

* 3-6-3 Timed Relay _____ 8& under 9& over (circle one)

I would like to be placed on a team _____

I have my own team:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

If you are forming your own team, please make sure you talk with the other students and parents about participation. Bring your **own** cups to the tournament!! Be sure to label each cup and your bag and watch them closely!!

Parent Signature: _____