



TEAM REGISTRATION APPLICATION

Please detach and forward the completed REGISTRATION FORM & FEE to your local CONSERVATION DISTRICT OFFICE by March 1st. Financial assistance may be available through your local district.

REGISTRATION FEE OF \$150 PER TEAM MUST ACCOMPANY THIS FORM.

Materials specific to the current year's competition will be sent to the coach/advisor after application and registration fee is received. Please make check payable to Cascade CD. Electronic payment options available upon request. Please contact Teresa at secretary@cascadecd.com.

Fee is non-refundable.

NAME & ADDRESS OF HIGH SCHOOL OR ORGANIZATION:

TEAM MEMBERS (Students must be enrolled in grade 9-12 during school year preceding the competition)

Sizes: S/M/L/XL/XXL/XXXL

Grade _____ T-shirt size _____

Grade _____ T shirt size _____

Grade _____ T-shirt size _____

Grade _____ T-shirt size _____

Grade _____ T-shirt size _____

COACH/ADVISOR

Name: _____ T-shirt size: _____

Phone: _____ Alternate Phone: _____

Address: _____

E-mail Address: _____

DISTRICTS: Please return this form and fee by **March 10** to:



Cascade Conservation District
600 6th St NW, Ste 1
Great Falls, MT 59404
406.866.0020/0028
www.cascadecd.com