

# REGISTRATION FORM



SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

**MAIL TO:** GOT TO SPECIALTIES  
2022 SHAKESPEARE ROAD  
ODESSA, TX 79761

ENCLOSED IS A CHECK FOR \$ \_\_\_\_\_ COVERING \_\_\_\_\_ ATTENDEES  
AT \$70.00 EACH (\$50.00 EACH FOR GROUPS WITH 20 OR MORE ENTRIES)

**<CLICK THE BUTTON TO SUBMIT**