



Event Signup Form

What are your events? Please provide all information requested.

Employee Contractor Retiree Spouse

Name: _____

Gender: M F Year of Birth: _____ (Bike Race/5k Run only)

Department/Location: _____

Phone (W): _____ Phone (Home/Cell): _____

E-mail: _____

T-Shirt Size: Small Medium Large XL XXL XXXL

(We suggest participation in up to three events but there is no limit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Pickleball | <input type="checkbox"/> Basketball | <input type="checkbox"/> 15k Bike Race (chipped) |
| <input type="checkbox"/> 15k Bike Race (no chip) | <input type="checkbox"/> Billiards | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Cornhole | <input type="checkbox"/> Disc Golf | <input type="checkbox"/> Dodgeball |
| <input type="checkbox"/> Dominoes 42 | <input type="checkbox"/> Golf | <input type="checkbox"/> Horseshoes |
| <input type="checkbox"/> Kickball | <input type="checkbox"/> Miniature Golf | <input type="checkbox"/> Punt, Pass & Kick |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Texas Hold Em | <input type="checkbox"/> Ultimate |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> 5k Run (chipped) | <input type="checkbox"/> 5k Run (no chip) |