2017 COLUMBUS SCOTTISH FESTIVAL
ATHLETE REGISTRATION FORM

Saturday, September 9th and Sunday, September 10th 2017

Name:_____

Address:_____

City:_____ State:_____ Zip_____

Phone Number:_____ E-Mail:_____

Age:_____ Weight:_____ *(Weight only required for Lightweight)*

Class: Men's: A B C Masters Lightweight
Women's: Women's Women's Masters
Other: Youth *(12 to 16 years old)*

Saturday, September 9	Sunday, September 10
Men's A Class Men's B Class Men's C Class Women's A Class Women's Open Class	Men's Masters Class Men's Lightweight Class Women's Masters Class Youth Class

T-Shirt Size:_____ *(T-shirts are only guaranteed with paid registration in Organizer's possession two (2) weeks prior to the Games.)*

Registration Fee: Primary Class ($30.00)
Second Class ($15.00)
Youth Class ($20.00)
*(Make check payable to: **Columbus Scottish Festival**)*

Emergency Contact Information:

Name:_____

Relationship:_____

Phone:_____

Signature:_____

Date:_____

Send to:

Chuck Braidich
c/f Columbus Scottish Festival Athletics
3243 Berkdale Drive
Columbus, IN 47203
E-Mail: athletics@scottishfestival.org
Phone: (859) 707-5546

A copy of this form must be signed before competition begins.
See General Rules for more information at www.scottishfestival.org/athletics