

RCJA SOUTH COAST REGIONAL COMPETITION

REGISTRATION 2017

TEAM NAME:

SCHOOL:

MENTOR NAME:

MENTOR EMAIL:

CHALLENGE: SOCCER/DANCE/RESCUE (Please indicate which discipline this team will be participating in)

TEAM MEMBER 1:

TEAM MEMBER 2:

TEAM MEMBER 3:

TEAM MEMBER 4:

Please indicate if any of the students above have an allergy or dietary requirements.