



**2019 72-Hour Film Competition
Team Registration Form**

Age Category (Please check one.): 13 & Younger 14 to 18 19 and Older

Team Name: _____

TEAM LEADER INFORMATION

First Name: _____ **Last Name:** _____

Team Leader T-shirt Size: Small Med Lg X Lg XX Lg

Address 1: _____

Address 2: _____

City: _____ **State/Province:** _____

Postal Code: _____ **Country:** _____

Phone: _____

Best phone number for contacting your team

Email: _____

INDIVIDUAL TEAM MEMBER INFORMATION

Team Member #1

First Name: _____ **Last Name:** _____

Email: _____

T-shirt Size: Small Med Lg X Lg XX Lg

Team Member #2

First Name: _____ **Last Name:** _____

Email: _____

T-shirt Size: Small Med Lg X Lg XX Lg



Team Member #3

First Name: _____ **Last Name:** _____

Email: _____

T-shirt Size: __ Small __ Med __ Lg __ X Lg __ XX Lg

Team Member #4

First Name: _____ **Last Name:** _____

Email: _____

T-shirt Size: __ Small __ Med __ Lg __ X Lg __ XX Lg