

# Knights of Columbus Adult Backyard Olympics



- Registration Form:
- |                          |                    |       |
|--------------------------|--------------------|-------|
| <input type="checkbox"/> | Corporate Sponsor  | \$500 |
| <input type="checkbox"/> | Sponsor/Wheelchair | \$250 |
| <input type="checkbox"/> | Sponsor            | \$150 |
| <input type="checkbox"/> | Team               | \$120 |

Checks made payable to St. Mary's Council 4065

## Name of Teammates

Team Name: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

## Your Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Peter Cassidy at (845) 742-2892 or  
Cassmem@aol.com with any questions

