

# JUNK BOX REGISTRATION FORM

PLEASE FILL OUT AND EMAIL FORM TO:

Shawn Palmer at [deedee@hotmail.com](mailto:deedee@hotmail.com) by April 2nd 2007

GROUP: \_\_\_\_\_ LEADER: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CUB NAME:

- |           |           |
|-----------|-----------|
| 1. _____  | 16. _____ |
| 2. _____  | 17. _____ |
| 3. _____  | 18. _____ |
| 4. _____  | 19. _____ |
| 5. _____  | 20. _____ |
| 6. _____  | 21. _____ |
| 7. _____  | 22. _____ |
| 8. _____  | 23. _____ |
| 9. _____  | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

NUMBER OF CARS YOUR GROUP IS BRINGING TO RACE. \_\_\_\_\_

NUMBER OF NEWLY BUILT CARS. \_\_\_\_\_

NAMES OF VOLUNTEERS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

PLEASE INCLUDE HEALTH FORMS IN SEPARATE ENVELOPE FOR FIRST AID STATION. FORMS WILL BE RETURNED AT THE END OF THE DAY.