

MASSACHUSETTS TOPS FALL RALLY REGISTRATION FORM

SATURDAY OCTOBER 19, 2019

Registration fee: \$40.00

Deadline: September 30

Please send Chapter Check ONLY payable to: **MA TOPS FALL RALLY** (No refunds)

Mail to: Kathy Passerini 3 Roman Rd, Woburn MA 01801

Please (TYPE OR PRINT NAMES) CLEARLY; they will be used to make your nametag.

TOPS MA _____

Leader _____ Phone _____

Email: _____

Registrations _____ Check # _____ Amount of Check _____

Note special dietary needs by MEMBER'S name. (Gluten free, vegan, food allergies)

Please list names of those attending: (If more than 10, more room on back of sheet)

NAME	DRESS IN THEME? YES OR NO. If so, what sport?	NAME	DRESS IN THEME ? YES OR NO. If so, what sport?
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

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NAME	DRESS IN THEME? YES OR NO. If so, what sport?	NAME	DRESS IN THEME? YES OR NO. If so, what sport?
11.		16.	
12.		17.	
13.		18.	
14.		19.	
15.		20.	