



# JUMP ROPE COMPETITION REGISTRATION FORM

Sister Carrie Duncan, Executive Team Lead

**"PLEASE ONLY USE ONE REGISTRATION FORM PER PARTICIPATE"**

*Louisiana First Jurisdiction*  
CHURCH OF GOD IN CHRIST

*(Please type or print neatly)*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_ AGE \_\_\_\_\_ EMAIL \_\_\_\_\_  
Home/Cell Church

NAME OF CHURCH \_\_\_\_\_ PASTOR \_\_\_\_\_

DISRTICT \_\_\_\_\_ SUPERINTENDENT \_\_\_\_\_

DISTRICT COORDINATOR \_\_\_\_\_

DISTRICT JUMP ROPE COORDINATOR \_\_\_\_\_

## REGISTRATION FEES

*Please Check the One that Apply:*

<u>Competition Levels</u>	<u>Fee/Person</u>	<u># of team Members</u>
<input type="checkbox"/> PRIMARY TEAMS	\$5.00 Per member	_____
<input type="checkbox"/> JUNIOR TEAMS	\$7.00 Per member	_____
<input type="checkbox"/> SENIOR TEAMS	\$10.00 Per member	_____

For Office Use Only

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_ RECEIVED BY \_\_\_\_\_