Free Throw Championship Entry Form/Score Sheet

I wish to enter THI bility is to be dete						roup checked bel incil level compet			
Boys Girls Coun	cil # AGE: 9 10 11 12 13			Note: This same form must be used for the Council, District and Jurisdiction Competition — please be sure it is passed on accordingly.					
Name of Entrant					Date of Birth				
Street Address									
City State/Province				Postal Code					
Devent/Guardian To	lanhana (Cirala a	no. Homo Coll) Email		Signatura	of Entrant			
Parent/Guardian Te				Signature of Entrant					
	The state of the s	npleted By F		MIN 194 M 194		s of columbus f			
participation will be Council, its subord or relating to the e Council or any of it	e at the sole risk of t linate units, officers entrant's participations s subordinate units	he entrant and the u , agents, members a n in the Contest. Th	ndersigned and (2) a and employees harr e undersigned also photographs or vide	agrees to release, in mless from any and agree to allow repr eos of the entrant di	demnify and hold the all demands, claims esentatives from the uring the Contest. The contest of	acknowledges that be Knights of Columb or causes of action e Knights of Columb he entrant may com	ous Supreme arising from ous Supreme		
	Parent/Guardian					Date signed			
other levels. Indica	ate number of free ws until one conte		first column. Those	e tied for highest so dumns to indicate s	core will compete				
LEVEL					251-778-770 MELINGERS WILLIAM		MADE		
COUNCIL:									
DISTRICT:									
REGIONAL:									
JURISDICTION:									

(Councils should retain a copy of this completed form for their files)

