



# REGISTRATION FORM

Make checks payable to: USA Sports Production  
 Mail form and fees to: American Parkour Warrior Challenge  
 P.O. Box 29185, Indianapolis, IN 46229  
 Phone: (317) 891-8260 Fax: (317) 891-8226  
 Email: info@usasportsproduction.com

<b>EVENT NAME AND DATE:</b>	
<b>INDIVIDUAL REGISTRATION AND CONTACT INFORMATION</b>	
Individual Name:	Guardian/Contact Name:
Address:	Contact's Email Address:
City: State: Zip:	Home Phone: Work Phone:
Date of Birth:	Cell Phone:

<b>TEAM REGISTRATION AND CONTACT INFORMATION</b> (For team entry complete team roster and submit with registration form and payment)	
Team Name:	Contact Name:
Team Address:	Contact's Email Address:
City: State: Zip:	Cell Phone: Team Phone:

CALCULATION OF REGISTRATION FEES DUE					
COMPETITION LEVELS	NUMBER PARTICIPANTS	ENTRY FEE	TOTAL ENTRY FEES DUE	TEAM ENTRY (3 or more)	TOTAL DUE WITH TEAM FEE
CHALLENGE Pre-Registration		x \$40.00		+\$25.00	
CHALLENGE On Site		x \$50.00		+\$25.00	
CHAMPIONSHIPS Pre-Registration		x \$50.00		+\$25.00	
CHAMPIONSHIPS On Site		x \$60.00		+\$25.00	
<b>TOTAL DUE</b>					
FOR CREDIT CARD PAYMENTS ONLY					
Add 3% service charge		Total Due	X .03	=	
					<b>TOTAL DUE WITH CC SERVICE CHARGE</b>
					<b>\$</b>
<b>TOTAL DUE WITH FEES</b>					

METHOD OF PAYMENT	
<input type="checkbox"/>	Check or Money Order Enclosed (payable to USASP) in amount of \$ _____
<input type="checkbox"/>	Credit Card - VISA/MasterCard/Discover/American Express
	Card Number: _____ Expiration Date: _____
	Address of Cardholder (Where statement sent): _____
	City/State/Zip: _____
	Name of Cardholder: _____
	I authorize USA Sports Production to charge my credit card in the amount of \$ _____
	Cardholder Signature _____

**REFUND POLICY: Full Refund - If cancelled in writing seven (7) days prior to competition**