

## TFC Table Officials Registration Card

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Affiliated Team \_\_\_\_\_

***I have served as a (check all that apply):***

QuizMaster	<input type="checkbox"/>
ScoreKeeper	<input type="checkbox"/>
TimeKeeper	<input type="checkbox"/>
Quizzer	<input type="checkbox"/>
Coach	<input type="checkbox"/>
None	<input type="checkbox"/>

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