

EVENT REGISTRATION FORM

TSUBASACON

TICKET BUYER

First Name: Last Name:
Email: Phone:
Address:
City: State: Zip:

REGISTRATION RATES

	Price		Quantity	Total
Premium Registration (1/1 – 9/22)	<input type="checkbox"/>	\$ 80.00		\$
Phase 2 Registration (6/1 – 8/1)	<input type="checkbox"/>	\$ 40.00		\$
Phase 3 Registration (8/1 – 9/22)	<input type="checkbox"/>	\$ 45.00		\$

TICKET #1

First Name: Last Name:
Email: T-shirt Size:
Emergency Phone: Date of Birth:

TICKET #2

First Name: Last Name:
Email: T-shirt Size:
Emergency Phone: Date of Birth:

TICKET #3

First Name: Last Name:
Email: T-shirt Size:
Emergency Phone: Date of Birth:

TICKET #4

First Name: Last Name:
Email: T-shirt Size:
Emergency Phone: Date of Birth:

TICKET #5

First Name: Last Name:
Email: T-shirt Size:
Emergency Phone: Date of Birth:

TICKET #6

First Name: Last Name:
Email: T-shirt Size:
Emergency Phone: Date of Birth: