**Team Registration Form**

Team Name:

Team Coordinator:

Address:

Phone Number:

 **June 3-4, 2022**

Fax Number: **Hickory, NC**

Email Address:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |   |   | Name of Athlete |   |   | Commemorative Shirt Size |
|  |  |  |  |  |
|  |  |  |  |  |  |  | SM | MED | LG | XL | XXL |
| 1 |   |   |   |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |   |   |   |   |   |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |   |   |   |   |   |   |   |   |   |   |   |
|   |  |  | Coordinator Name |  |  |  |  |  |  |   |
| 1 |   |   |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |   |   |   |   |   |
|   |  |  | Coaches Name |  |  |  |  |  |  |   |
| 1 |   |   |   |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |
| Registration Fee: $60.00/person (includes lunch, reception, event shirt and entry into Games) |  |
| Registration Fee: $80.00/person (includes golf, lunch, reception, event shirt and entry into Games) |  |

**Individual Registration Form:** Registration fee and meals

 (must be received by Friday, May 13 2022)

Name:

 Staff, spouse, and family members will need to include $30.00

 each to cover the cost of lunch

Address:

 Participant Registration Fee (no golf) # x $60.00=

Phone Number: Participant Registration fee (with golf) # x $80.00=

Email: Total number of staff/spouse/ family # x $15.00=

Commemorative Shirt Size Late registration fee # x $20.00=

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SM  | MD  LG  | XL  | XXL  |  |

 Total # $

**2022 ACSM World heart Games**

**Team Event Registration**

Team Name:

Please register ALL athletes for the team & individual events in which they will compete.

Please note: Athletes must check the tentative schedule of events to be sure there is no scheduling conflict of TEAM event and/ or INDIVIDUAL event. All team events will have a winner/ loser bracket elimination.

The DEADLINE for event registration is Friday, May 13, 2022.

Registration Fee: $60.00/person (includes lunch, reception, event shirt and entry into Games)

Registration Fee: $80.00/person (includes golf, lunch, reception, event shirt and entry into Games)

Completed registration form must be mailed or emailed to: Tiffany Maxson, Event Coordinator

 15226 Aullcin Court

 Charlotte, NC 282783

 Tiffany.Mccall@atriumhealth.org

**Please add the participants name and prediction time, if applicable.**





















