



11TH ANNUAL CIOMPAC DESTRUCTION DERBY

Firebaugh, California
MAY 1, 2010
REGISTRATION FORM

DERBY REGISTRATION (DUE BY APRIL 23)

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: _____

E-MAIL: _____

TOTAL # of ATTENDEES: _____

ATTENDEE NAMES

NAME: _____

NAME: _____

NAME: _____

*PLEASE ATTACH A SEPERATE SHEET OF PAPER IF NEEDED.

EMERGENCY CONTACT

NAME: _____

PHONE: _____

MEAL PARTICIPATION

ATTENDING

FRIDAY NIGHT BBQ

(PROVIDED BY NEW WEST PETROLEUM) _____

SATURDAY MEMBERSHIP

HOT DOG LUNCH _____

VOLUNTEER SIGN-UP

VOLUNTEER NAME: _____

- | | |
|---|---|
| <input type="checkbox"/> GATE | <input type="checkbox"/> FOOD PREP |
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> TRASH CLEAN-UP |
| <input type="checkbox"/> CONSESSION | <input type="checkbox"/> WHERE NEEDED |
| <input type="checkbox"/> DRIVER DINNER DELIVERY | |

VOLUNTEER NAME: _____

- | | |
|---|---|
| <input type="checkbox"/> GATE | <input type="checkbox"/> FOOD PREP |
| <input type="checkbox"/> SECURITY | <input type="checkbox"/> TRASH CLEAN-UP |
| <input type="checkbox"/> CONSESSION | <input type="checkbox"/> WHERE NEEDED |
| <input type="checkbox"/> DRIVER DINNER DELIVERY | |

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CAMPING INFORMATION

THIS IS NOT A SPACE GUARANTEE, IT IS FOR PLANNING PURPOSES ONLY. CAMPING/RV SPACE IS ON A FIRST COME-FIRST-SERVED BASIS.

\$25 PER RV OR TRAILER, \$10 PER TENT

RV TYPE: _____

OF RVs: _____ RV SIZE(S): _____

TENTS: _____ OTHER: _____

DATE OF ARRIVAL: _____ DEPARTURE: _____

EVENT PARTICIPATION

WII TOURNAMENT

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

PINEWOOD DERBY (See packet for rules and pricing)

I HAVE A CAR. I NEED A KIT.

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

CHILI COOK-OFF (PREPARE CHILI FOR 10 PEOPLE)

CATEGORIES (please circle one to enter)

NAME: _____ SPICY CREATIVE BEST PRESENTATION

NAME: _____ SPICY CREATIVE BEST PRESENTATION

NAME: _____ SPICY CREATIVE BEST PRESENTATION

WASHER TOURNAMENT (\$20 PER TEAM)

ON TEAM _____

PAYMENT

CHECK ENCLOSED BILL ME

TOTAL FUNDRAISING CONTRIBUTION

\$

PLEASE MAKE CHECK PAYABLE TO:
CIOMPAC

3831 N. Freeway Blvd., Suite 130
Sacramento, CA 95834-1933

(FUNDRAISING EVENT / TAX I.D. #: 760982)



PLEASE FAX REGISTRATION FORM BY APRIL 23, 2010 TO: (916) 646-5985 AND MAIL PAYMENT TO:
CIOMPAC, 3831 N. Freeway Blvd., Suite 130, Sacramento, CA 95834-1933 OR FAX: (916) 646-5985
FOR MORE INFORMATION PLEASE CONTACT: CHRISTINA BAUDERS AT (916) 646-5999.