

2020 Team Wisconsin Registration Form

Last Name _____ First _____

Sex _____ Birthdate ____/____/____ Age _____ Tribal Affiliation & Enrollment # _____
__ M __ F

Mailing Address _____

City _____ State _____ Zip Code _____

Phone# _____ Cell # _____

Email _____

Tribal Representative _____

Sport: (check one)	Age Group	Gender	
Archery	<input type="checkbox"/> 19U <input type="checkbox"/> 16U	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Compound <input type="checkbox"/> Traditional
Athletics	<input type="checkbox"/> 19U <input type="checkbox"/> 16U <input type="checkbox"/> 14U	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Baseball	<input type="checkbox"/> 19U <input type="checkbox"/> 16U		
Basketball	<input type="checkbox"/> 19U <input type="checkbox"/> 16U <input type="checkbox"/> 14U	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Box Lacrosse	<input type="checkbox"/> 19U <input type="checkbox"/> 16U	<input type="checkbox"/> (Male Only)	
Golf	<input type="checkbox"/> 19U <input type="checkbox"/> 17U	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Soccer	<input type="checkbox"/> 18U <input type="checkbox"/> 16U	<input type="checkbox"/> (Female Only)	
Softball	<input type="checkbox"/> 18U <input type="checkbox"/> 16U		
Swimming	<input type="checkbox"/> 19U <input type="checkbox"/> 16U <input type="checkbox"/> 14U	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Volleyball	<input type="checkbox"/> 19U <input type="checkbox"/> 16U		
Wrestling	<input type="checkbox"/> 19U		
Rifle Shooting	<input type="checkbox"/> 19U <input type="checkbox"/> 16U		
Other:	<input type="checkbox"/> Coach <input type="checkbox"/> Chaperone <input type="checkbox"/> Tribal Rep. <input type="checkbox"/> Mission Staff		

Birth Certificate _____ Code of Conduct _____ Tribal ID _____ Descendancy _____