



Team Name: _____

Contact Person: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Names of Participants

\$70 FOR A COUPLE, \$120 FOR A TEAM OF 4

Liability Release:

In consideration for the CDC allowing us to participate in the Activity, we agree we will not sue the CDC and we release the CDC from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury that may be sustained by the team or to any property belonging to us arising from the Activity.

(signed on behalf of the team)

Total _____ (\$70 Couple) _____ (\$120 Team)

PAYMENT

- Check enclosed for \$ _____
- Please invoice me for \$ _____
- Please charge my: ___ VISA ___ M/C ___ AmEx ___ Discover
in the amount of \$ _____

Card#: _____ Exp Date: _____ CCV: _____

Signature _____

By signing above I agree to have CDC charge my credit card for the total listed above. CDC respects your privacy and properly safeguards your information.

PLEASE RETURN THIS FORM BY MAIL OR EMAIL TO:

Child Development Center | 2020 E. 12th Street | Casper, WY 82601 | jriddle@cdccasper.org