



## Registration Form

Please Print

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Registration Fee:

I have included the \$10 registration fee (make checks payable to **MPC Food Center**)

I will bring the \$10 registration fee at time of registration

T-Shirt Size:

Child (S, M, L) \_\_\_\_\_

Adult (S, M, L, XL, 2XL, 3XL, 4XL) \_\_\_\_\_