



REF #: _____

TORII FITNESS CENTER

Event: _____ Location: _____

Date: _____ Check-in Time: _____ Briefing Time: _____

Start Time for Categories: 0900 – Families with dependents 10y/o or above

0915 – Families with dependents 9y/o and under

Eligibility: All Active Duty, Family Members, DoD/NAF Civilians & Local Nationals with DoD ID

Registration Fee: _____ per Family (includes breakfast for three)*

*Additional breakfast ticket available for _____ per person

Minimum of _____ Teams, each category, for event to proceed

Registration Deadline: _____

REFUND WILL NOT BE HONORED AFTER _____ (EVENT CANCELCATION OR SPECIAL CIRCUMSTANCE EXCLUDED)

POC/Participant Information:

Name: _____ Unit: _____ Phone: _____

Email: _____ Age: _____ Sex: _____

Category Choice: _____ 10 y/o or above OR _____ 9y/o and below

Additional Participant Information:

| NAME | SEX | AGE | REF. # |
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TORII FITNESS CENTER STAFF

Receipt #: _____ Shirt Inventory: Yes or No Staff Initial: _____ REF#: _____

Check in Spread Sheet Entry: Yes or No Staff Initial: _____