

ANNEX F (REGISTRATION FORM) To North Paulding High School Raider Challenge (MOI)

REGISTRATION FORM

From (School) _____ Receipts provided the day of the event

School POC (Please Print) _____

Contact Number: _____

SCHOOL ADDRESS: _____

Total Number of Teams: _____ (Three team limit – No more than two team per category)

Name of Teams: Team 1: Male _____ Female _____ Mixed _____ (\$75.00)

Team 2: Male _____ Female _____ Mixed _____ (\$100.00)

Team 3: Male _____ Female _____ Mixed _____ (\$125.00)

Amount Enclosed: _____ (Make checks payable to: North Paulding High School JROTC)

Signature of POC: _____

****** NO REFUNDS AFTER 15 SEPTEMBER 2025. ******

Mail to: North Paulding High School
Attn: CW2 Romeo, JROTC Department
300 North Paulding Drive
Dallas, GA 30132