



Chosen Vessels

Participant Registration Form

CANDIDATE INFORMATION

Full Name :

Email Address :

Date of Birth : Phone

Address :

School '25-'26 year:

Grade '25-26 year :

PARENT / GUARDIAN INFORMATION

Full Name/Relationship _____

E-Mail _____ Phone _____

Full Name/Relationship _____

E-Mail _____ Phone _____

OTHER INFORMATION

Allergies, including food _____

Medical conditions _____

Shirt size (S, M, L, XL) _____

Other _____