

To be filled out by an i-CERV Rep

Registered Online: (circle) YES NO

Paid \$____: (circle) YES NO

Liability Form: (circle) YES NO

Rep Initial: _____

i-CERV Member Information

Name (first and last): _____

T-Shirt size in Adult: (circle) XS S M L XL

Age: _____ Grade: _____

REC Timing/Day: Day: _____ Timing: _____

Cell Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___

May we text you with any information regarding i-CERV? (circle) YES NO

Email Address: _____