



2020 COOL SCHOOL WINNI DIP REGISTRATION FORM

Thank you for participating in the Cool School Winni Dip! If you are not registering online at sonh.org, please use this form.

PERSONAL INFORMATION	
Name _____	Date of Birth _____
Email Address _____	<input type="checkbox"/> Home <input type="checkbox"/> Work
Phone Number _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address _____	<input type="checkbox"/> Home <input type="checkbox"/> Work
City _____	State _____ Zip _____
I am <input type="checkbox"/> High School Student (graduation year _____)	<input type="checkbox"/> High School faculty / staff member
<input type="checkbox"/> Middle School Student (year you will finish _____)	<input type="checkbox"/> Middle School faculty / staff member
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

DIP INFORMATION	
I am a <input type="checkbox"/> Dipper <input type="checkbox"/> Sunbathing Bear	
School Name _____	Team Captain's Name _____
How many Winni Dips have you participated in, including this one? _____	