



2020 COMMUNITY WINNI DIP REGISTRATION FORM

Thank you for participating in the Community 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 _____	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

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