



# 2020 LAW ENFORCEMENT WINNI DIP REGISTRATION FORM

Thank you for participating in the Law Enforcement 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
Law Enforcement Agency _____	Team Captain's name _____
How many Winni Dips have you participated in, including this one? _____	