

# SILVER STATE VERTICAL DROP REGISTRATION FORM

**NAME:**

**ADDRESS:**

**PHONE:**

**MALE / FEMALE**

**DATE OF BIRTH:**

**PLEASE SELECT EITHER INDIVIDUAL OR TEAM:**

**INDIVIDUAL**

**NAME OF TEAM:**

**(MUST HAVE 5 CONTESTANTS, MALE OR FEMALE)**

**1)**

**2)**

**3)**

**4)**

**5)**

**!!REGISTRATION IN 75\$. ALL PROCEEDS GO TO THE WILDLAND FIREFIGHTER FOUNDATION. PLEASE MAKE CHECKS OUT TO THE WILDLAND FIRE FIGHTER FOUNDATION OR BRING PAYMENT ON THE DAY OF THE EVENT!!**

**PLEASE MAIL REGISTRATION TO:  
SILVER STATE IHC  
5665 MORGAN MILL RD.  
CARSON CITY, NV. 89701**

**TO ENSURE RECEIPT OF REGISTRATION PLEASE MAIL FORM BEFORE  
3/15/2010**