## Special Projects Registration Form Spring Fall Competitor Name\_\_\_\_ Competitor Number\_\_\_\_\_ Address Phone\_\_\_\_\_Email\_\_\_\_ Unit Affiliation\_\_\_\_ Special Project:\_\_\_\_ Description (attach documentation if not present )

Please complete back of form.

Staff Use:	2 <sup>nd</sup> entry (no charge)	
Receipt Number:	Cash: \$	Check: \$

Release		
All competitors or their parent/guardian must complete this section.		
I ,		
I		
In addition, I recognize and accept any decision made by any individual responsible for judging the competition and hold harmless the North-South Skirmish Association, Inc., any committee, Board, or individual member for any decision of the costume competition not favorable to my competition.		
Signature		
Date		
If signed by Parent/Guardian on behalf of minor, print competitor name		
I give permission for my photograph or my child's photograph to be on the N-SSA Web site.		
YESNO		
I give permission for my photograph and name or my child's photograph and name to be published in the <i>Skirmish Line</i> . YESNO		