



TRIVIA NIGHT REGISTRATION FORM

Complete this form to participate in the WCMH Foundation Trivia Night on March 23, 2018

NAME: _____

PHONE: _____

EMAIL: _____

Street Address: _____

City, State, Zip: _____

If registering as a team, please complete this section:

Team Name: _____

Team Member #1 _____

Team Member #2 _____

Team Member #3 _____

Team Member #4 _____

Team Member #5 _____

Team Member #6 _____

Team Member #7 _____

Team Member #8 _____

Team Member #9 _____

Team Member #10 _____

Payment Information

\$10 per person or \$100 per team of 10

Please enclose payment with registration form.

Mail registration from and payment to:

Michelle Courtois

300 Health Way Dr

Potosi, MO 63664

Questions?

Call Michelle at 573-438-5451 ext 296 or email at mlcourtois@wcmhosp.org