

IFC ITALIAN FINGERS CHAMPIONSHIP REGISTRATION

First Name: _____

Last Name: _____

Phone Number: _____

Address: _____

City, State/Province: _____

Zip Code: _____

Country: _____

Name / Team Name: _____

Email: _____

Date: _____

I Agree to the IFC Rules & Regulations: (Circle One) Yes No

I've read and signed IFC Release Form: (Circle One) Yes No

I am 18 years of age or older: (Circle One) Yes No

Print Name

Signature