# Texas Flexes Registration Form



#### **Contact Information**

Name	
Street Address	
City ST ZIP Code	
Phone Number	
E-Mail Address	

### **Competitor Information**

Gender (please circle one): Male Female

Skill Division (please circle one): Beginner Intermediate Advanced

Session (please circle one): Morning Afternoon

Shirt Size (please circle one): Small Medium Large

University Attending (If none, please write N/A):

eID (if UT student):

### **Person to Notify in Case of Emergency**

Name	
Relationship	
Address	
Home Phone	
Work Phone	
E-Mail Address	

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### **Scoring Section (Do not fill out)**

Top 5 Scores	
ROUTE	POINT VALUE
1.	
2.	
3.	
4.	
5.	

## Please mail to:

Texas Rock Climbing Division of Recreational Sports 1 University Station D7500 Austin, TX 78712

Remember: we must receive this form along with your payment by no later than October 26<sup>th</sup> in order for you to be part of early registration.