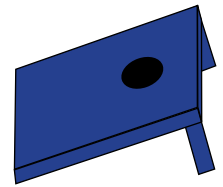
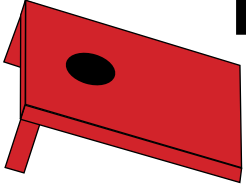




Association for  
Individual Development  
Finding ability in disability since 1961



# Battle of the Bags Registration Form



- Team Registration
- Individual Registration - only fill out information for player 1  
(will be paired at random after registration day of tournament)

Team name: \_\_\_\_\_

Name(s): Player 1 \_\_\_\_\_

Player 2 \_\_\_\_\_

<u>Player 1</u>	
Address:	_____
City:	_____
Zip:	_____
Telephone:	_____
Email:	_____

<u>Player 2</u>	
Address:	_____
City:	_____
Zip:	_____
Telephone:	_____
Email:	_____

Please check the appropriate box

Individual player - \$20

Team Registration - \$40

Please make check payable and mail to:  
The Association for Individual Development  
1135 Bowes Road  
Elgin, IL 60123

## Payment Method

Pay by credit card  Visa  MasterCard

Name on card \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Code \_\_\_\_\_

The undersigned expressly accepts responsibility for participation in the AID Battle of the Bags Cornhole Tournament on February 20. The undersigned agrees that the Association for Individual Development will be held harmless in the event of an accident or incident causing damage or loss of property or injury to the undersigned. I have read and understand this agreement. If I am under 18, my parent or gaurdian has read and signs the same. **Registration form MUST be signed.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_