

REGISTRATION CHECK LIST

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

PLEASE ENSURE THE ENCLOSED PACKET IS COMPLETELY AND CORRECTLY FILLED OUT OR YOUR APPLICATION CANNOT BE PROCESSED.

NAME *(First, MI, Last)*

PLEASE INCLUDE THE FOLLOWING FORMS:

- PARTICIPANT REGISTRATION APPLICATION *(Filled out by the competitor) (Form 0927b)*
- PARTICIPANT PHYSICAL EXAM *(Filled out and signed by a medical examiner) (Form 0927c)*
- MEDIA AND NEWS RELEASE QUESTIONNAIRE *(Form 0927d)*
- PARTICIPANT/COMPANION/VOLUNTEER REGISTRATION *(Form 0927e)*
- CHECK OR MONEY ORDER - **DO NOT SEND CASH**

PLEASE MAIL COMPLETED REGISTRATION FORMS, INCLUDING YOUR CHECK OR MONEY ORDER TO:

QUESTIONS, PLEASE CALL:

YOU WILL RECEIVE A CONFIRMATION LETTER ONCE YOUR APPLICATION HAS BEEN ACCEPTED.