

DYNA Summer Chill Registration (PLEASE PRINT CLEARLY AND NEATLY or TYPE)

DYNA YOUTH MEMBER INFORMATION

Name: _____ Home State: _____

Forum Name: _____ Age at the time of Summer Chill: _____ DOB: _____

Email: _____ Cell Phone Number: _____

Preferred T-Shirt Size (adult size only available): S M L XL XXL

I usually purchase a size: _____ shirt (provide us with your numerical size for cross reference).

OTHER ATTENDEES' INFORMATION

Attending Parent/Guardian Name (1): _____ Relationship: _____

Email: _____ Cell Phone Number: _____

Attending Parent/Guardian Name (2): _____ Relationship: _____

Email: _____ Cell Phone Number: _____

Names of All Attending in Family (For Name Tags): _____

of Parents/Guardians Attending: _____ # of Siblings Attending: _____ Age of siblings: _____

Total # Attending from family: _____ (Including DYNA Member)

HOTEL RESERVATION INFORMATION

I have made reservations at Embassy Suites, Dulles North, in Dulles, VA. (Phone: 703-723-5300)

OR I have made reservations at Homewood Suites, Dulles North, in Dulles, VA. (Phone: 703-723-7500)
(*alternative to Embassy Suites*)

Name used to make reservations: _____

and type of room(s) reserved: _____

Planned Arrival Date: _____ Planned Check-out Date: _____

Reserve room under: DYNA Group.

DYNA EVENT REGISTRATION INFORMATION

I have enclosed my non-refundable \$125.00 per person registration fee, check payable to: DYNA

SPIRIT DONATION INFORMATION

I do not wish to make a Spirit Donation.

I wish to make a Spirit Donation.

My Spirit Donation is made in the in the name of:

_____ (youth ambassador, physician, other)

SPIRIT DONATION LEVELS: (check level)

- _____ \$25.00 = CHEERLEADER
- _____ \$50.00 PLAYER
- _____ \$75.00 TEAM
- _____ \$100.00 TOUCHDOWN
- _____ \$200 TROPHY
- _____ \$500 SUPERBOWL
- _____ \$1,000 HOMECOMING KING & QUEEN

SPIRIT DONATION ACKNOWLEDGEMENT:

- _____ I understand that I will be publically recognized at the event for my Spirit Donation.
- _____ I prefer to remain anonymous and not to be publically recognized.

BRAIN FOG CHECKER:

- I have read the Event Guidelines
- I have double checked my registration information
- I have enclosed my registration form
- I have enclosed my medical information form
- I have enclosed my event authorization form
- I have enclosed my registration check fee \$125.00 per person
- I have enclosed my Spirit Donation

REMINDERS

It is your responsibility to keep up to date on this event – check the forum and your emails regularly.

**MAIL THIS FORM AND ALL OTHER REQUIRED DOCUMENTATION TO: DYNA, Inc. Summer Chill
1301 Greengate Court
Waldorf, MD 20601**

NOTES: (Office Use Only)