



Phil Bocks Memorial Ability Challenge

Please complete and send to Michael Hunter by February 28, 2010

Fax: 530-581-3127

Email: michael@disabledsports.net

Group Name: _____

Team Name (be creative!) _____

Team Member Contact Information

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

4. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

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“If I Can Do This, I Can Do Anything!”SM