

Bishop McGuinness Villains Club Trivia Night

TEAM REGISTRATION FORM

Team Name: _____

Team Captain: _____

Teammates:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Amount Enclosed: _____



(\$20.00 per person. Make checks payable to the Villains Club)

Please Return no later than March 11th:

BMHS

Attn: Villains Club

1725 NC HWY 66 South

Kernersville, NC 27284