

# 2024 GARDEN OLYMPICS



## Group Registration Form

### Registrant Name

First Name      Last Name

### Registrant Email

example@example.com

### Registrant Phone

Please enter a valid phone number.

### Company/Group Name

### Address

Street Address

Street Address Line 2

**How many attendees will participate in your group? (Minimum of 4 recommended)**

**List the best days and times of the month your team is able to volunteer**

**What division are you competing in**

Corporate/ Agencies

Non Profits/ Community Groups/ Church Youth Groups

School Organizations/ 4H groups/ Homeschool Groups

**How often does your group plan to volunteer?**

Once a week

Once a month

One time

Once every other month