

CSAWWA Top Ops Entry Form

Team Name: _____

Utility: _____

Team Member One Name: _____ Certificate # _____

Team Member Two Name: _____ Certificate # _____

Team Member Three Name: _____ Certificate # _____

Team Captain: _____

Please review the attached Top Ops Rules.

Please list below the shirt Sizes of Team Members

Team Member One Shirt Size # _____

Team Member Two Shirt Size # _____

Team Member Three Shirt Size # _____

Please return this form to Anthony Rocco at arocco@howardcountymd.gov and then go to registration and register your team at Registration (rereg.com)