



# /Kaiser Student Medical Challenge Bowl October 9, 2010 Registration Form

Name of PA Program: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Team Members:**

\* Please note Team Captain\*

*All team members must be CAPA members in good standing.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Team Captain's Email Address: \_\_\_\_\_

**Alternate Team Members:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

FAX or mail to CAPA: Toll free fax (800) 480-2272  
3100 W. Warner Avenue, #3, Santa Ana, CA 92704