Team Name: ______________________
County: _________________________

Team members (Include all team members on one form)
1. ________________________ Age: _____
2. ________________________ Age: _____
3. ________________________ Age: _____

Teams will compete in Junior or Senior age divisions:
  **Juniors:** ages 9, 10, 11, 12, and 13 (As of Jan. 1)
  **Seniors:** ages 14, 15, 16, 17, and 18 (As of Jan. 1)
If any member of the team, is 14 or above the team must compete as a senior team.

**To compete at Roundup ALL team members must be 14, as of January 1. Each district is eligible to send two teams to compete during Roundup.**

Adult contact for team: _________________________
Contact person phone number: _______________ Cell: __________
Contact person address: _______________________
Contact person’s email _______________________

**Please be aware ingredients included in the common pantry or secret ingredients maybe allergenic for some individuals.**

If any team member has food allergies please list members name and their allergy below:

A RAM form must be turned in during registration for each Food Showdown participant.