



# CAPA STUDENT MEDICAL CHALLENGE BOWL AUGUST 11, 2018

## 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

Email using the button below or  
FAX to CAPA: Toll free fax (714) 427-0324 or  
Mail to CAPA: 2318 S. Fairview St., Santa Ana, CA 92704-4938