

Presenting Sponsor



TEAM NAME _____

ORGANIZATION NAME (School, 4-H Club etc.) _____

NUMBER OF TEAM MEMBERS (10-30) _____

★ TEAM CAPTAIN INFORMATION ★
(MUST BE AN ADULT)

PRINT NAME _____

ADDRESS _____

CITY, ZIP _____

PRINT E-MAIL(REQUIRED) _____

PHONE (DAY) _____ PHONE (NIGHT) _____

FAX _____

PLEASE MAIL THIS ENTRY FORM TO:
BIG SKY STATE GAMES
P.O. BOX 7136
BILLINGS, MT 59103-7136
FAX# 406-254-7439

OR REGISTER ONLINE AT: www.bigskyfitkids.org
(If you choose to register online, be sure to fill your team information on this form and keep it for your records)

QUESTIONS? BIG SKY STATE GAMES OFFICE 406-254-7426 OR E-MAIL AT: bsfk@bigskygames.org
COMMUNITY SPONSORS



Contributing Partners
Eat Right Montana, Billings Clinic, Wendy's, Albertsons
Montana Nutrition & Physical Activity Program (DPHHS),
Montana Association of School Superintendents

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