

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](http://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](mailto: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 & Montana Chamber Choices

**BIG SKY STATE GAMES MAJOR SPONSORS**

