



Minnesota
TREE CLIMBING
CHAMPIONSHIP
 Participant Registration Form



Contestant Name: _____

Address: _____

City: State: Zip: _____

Residency or employment verified: _____

Phone: day () _____ evening () _____

E-Mail: _____

Employer: _____

Employer address: _____

City: State: Zip: _____

Member: Yes _____ No _____ (Participant must be a member of MSA)

Number of years climbing: _____

Have you competed in a TCC before? _____ If yes how many times? _____

T-shirt size (circle one): S M L XL XXL

Registration: Make checks payable to **Minnesota Society of Arboriculture**

Member of MSA: \$75

Non-member: \$105 (fee includes cost of MSA membership)

Send completed form and waiver to

George/Lynn Welles
 MSA TCC Committee
 c/o Northeast Tree, Inc.
 2527 Jackson St NE
 Minneapolis, MN 55418-3625

Questions? Contact George Welles @ 612-910-8274 or george@northeasttree.net; or Lynn Welles @ 612-910-8280 or lynn@northeasttree.net.