

2010 FLORIDA POLICE & FIRE GAMES

Official Application

Read all instructions, print clearly and return this form in the envelope provided.

Include your entry fee (no cash). All information provided is held in confidence.

Are you a first time participant in the Games: ____YES (or) ____NO

SOCIAL SECURITY NO: _____ - _____ - _____ DATE OF BIRTH: _____ SEX: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

HM ADDRESS: _____ CITY: _____ ZIP: _____

EMPLOYER: _____ WORK #:(_____) _____

HOME #:(_____) CELL #:(_____) E-MAIL: _____

COUNTY YOU LIVE IN: _____ SHIRT SIZE: (circle one) S M L XL XX XXX

YOUR AGE ON June 19, 2010 _____

CHECK THE BOX WHICH APPLIES TO YOUR EMPLOYMENT STATUS

Police Department – sworn full-time	<input type="checkbox"/>
Sheriff's Office – sworn full-time	<input type="checkbox"/>
Correctional Officer – certified full-time	<input type="checkbox"/>
Female Full-Time Civilian Employee	<input type="checkbox"/>
Guest (permission required)	<input type="checkbox"/>

Federal – sworn full-time	<input type="checkbox"/>
State – sworn full-time	<input type="checkbox"/>
Reservist I	<input type="checkbox"/>
Fire Fighter –certified full-time	<input type="checkbox"/>
Retired Sworn – Police/Fire	<input type="checkbox"/>

TEAM SPORTS – MARK THE TEAM EVENTS YOU WILL BE PARTICIPATING IN

TEAM SPORTS – Fees paid by the team coach

X	SPORT	COACH	TEAM NAME
	Baseball		
	Basketball Men Open		
	Basketball Men +40		
	Basketball Women		
	Flag Football		
	Roller Hockey		
	Soccer		
	Softball Co-Ed		
	Softball – Men Open		
	Softball – Men +40		
	Softball – Women		
	Volleyball – Men Open		
	Volleyball – Men +40		
	Volleyball - Women		

SEPARATE TOURNAMENTS – MARK THE TOURNAMENT BELOW YOU WILL BE PARTICIPATING IN

____ Golf Scramble (\$80 per person) Partners' Last Names: 1) _____ 2) _____ 3) _____

____ Bass Tournament (\$150 per team) Partner's Name _____

____ Poker Tournament (Fee is \$150 per tournament selected) (circle days) Monday or Thursday or Both Days

Fee Total:\$ _____ payment: (circle one) Check Visa MasterCard American Express

Credit Card Number: _____ Exp.Date: _____

Card Holder's Signature: _____

(check is preferred) Mail to: FPPG P.O. Box 10529 Jacksonville, FL 32247-0529

NAME: _____ Age on June 19, 2010 _____

INDIVIDUAL SPORTS (\$50 for first sport & \$10 for each additional – unless otherwise noted on the fee schedule above)

List your weight (if you are competing in bench press, powerlifting, grappling, or arm wrestling): _____
Place an X next to the sport you will compete in and provide any other information regarding your competition

____ 3 Point Shot ____ TCA ____ Half Marathon ____ Cross Country Run
____ Bench Press ____ Powerlifting ____ Chess ____ Ten-K Road Race
____ Dominos ____ Mounted Police (additional form required see page 16)

____ Cycling ____ Tour (or) ____ Criterium ____ Road Race ____ 1000m TT ____ 10 Mile TT
____ Field Events (choose up to 3) ____ Shot Put ____ Discus ____ Javelin ____ L Jump ____ H Jump
____ Dart Singles, Doubles Partner _____ Trios Partners _____, _____
____ Horseshoe Sings, Doubles Partner _____ Mixed Doubles Partner _____
____ Golf Scratch Singles ____ Golf Scratch Doubles: Partner _____
____ Golf Handicap Singles ____ Golf Handicap Doubles: Partner _____
____ Racquetball Singles ____ Racquetball Doubles: Partner _____
____ Table Tennis Singles ____ Table Tennis Doubles Partner: _____
____ Tennis Singles ____ Tennis Doubles: Partner _____
____ Triathlon Singles ____ Triathlon Relay Partners: _____, _____
____ Volleyball on the Beach: Partner: _____
____ Volleyball Triples: Partners: _____, _____, _____

____ Arm Wrestling ____ Right-Hand ____ Left-Hand ____ Weight ____
____ Archery ____ 3-D animal ____ Field Archery ____ Unlimited or ____ Hunter
____ Billiards ____ All events or ____ One Pocket ____ Nineball ____ Eightball ____ Straight
____ Grappling ____ Gi ____ No-Gi BeltRank: ____ Yrs.Grappling ____ Weight ____

____ Track Events (choose up to 3 individual events and up to 3 relays) ____ Low Hurdles ____ 100m Dash ____ 1600m Run
____ 400m Run ____ 800m Run ____ 200m Dash ____ 3000m Run ____ 4x100 Relay ____ 4x400 Relay ____ Sprint Medley
Relay Members: _____, _____, _____

____ Swimming (choose up to 4 individual events) ____ 200 Free ____ 100 Breast ____ 50 Back ____ 25 Free ____ 100 Fly
____ 50 Free ____ 100 IM ____ 50 Breast ____ 100 Free ____ 100 Back ____ 50 Fly ____ 400 Free ____ 200 IM
____ 200 Free Relay Relay Members: _____, _____, _____

____ Bowling Singles: Shift choice (circle one): AM (or) PM Division choice (circle): Open A B C D +55
____ Bowling Doubles: Shift choice (circle one): AM (or) PM Division choice (circle one): A B C D
Event (circle one): Men Women Mixed Doubles Partner's first and last name 1) _____
____ Bowling Team: Shift choice (circle one): AM or PM Division choice (circle one): A B C D
Event (circle one): Men Women Mixed Team members' first and last names'
1) _____ 2) _____ 3) _____

____ Bullseye Pistol Singles ____ Bullseye Pistol Doubles, Partner: _____
____ Combat Pistol Singles ____ Combat Pistol Doubles, Partner: _____
____ Pistol Team 1) _____ 2) _____ 3) _____
____ Practical Shooting (circle one) Revolver Uniform Security Leather (or) Automatic Uniform Security Leather
(or) Revolver Concealed (or) Automatic Concealed
____ Shotgun Pump (or) ____ Shotgun Automatic
____ Skeet ____ 12 Gauge ____ Doubles ____ Riot Skeet
____ Trap ____ 16 yard ____ Doubles ____ Riot Doubles
____ Sporting Clays ____ Sporting ____ 5-Stand ____ 2-Man Flurry
____ 3-Gun Match

Fee Total: \$ _____ payment: (circle one) Check Visa MasterCard American Express

Credit Card Number: _____ Exp.Date: _____

Card Holder's Signature: _____
(check is preferred) Mail to: FPFPG P.O. Box 10529 Jacksonville, FL 32247-0529