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WICHITA THUNDER SCHOOL DAY GAME REGISTRATION FORM

School Name: _____ School Representative Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Grade Level: _____

	Estimated # of Attendees	Price Per Person (Circle One)	Total Estimated Cost
Students		\$12 Goal Zone / \$15 VIP	
Chaperones		\$12 Goal Zone / \$15 VIP	
Teachers		\$12 Goal Zone / \$15 VIP	
Total		-	

Please list below any teachers, students, or staff you would like to be recognized during the game:

This is to certify that I, _____, a representative of _____

am committing to bringing out an estimate of _____ students, chaperones, and teachers which represent a total

investment of \$_____ for the Wichita Thunder's School Day game on **November 11, 2026 at 10AM.**

Final headcount and payment are due by **November 2, 2026 at 5PM** to ensure seats are held.

Agreed to and accepted by:

School Representative Name Printed *School Representative Signature* *Today's Date*

Wichita Thunder Representative Name Printed *Wichita Thunder Representative Signature* *Today's Date*

PLEASE SEND COMPLETED REGISTRATION FORMS TO LOGAN.WANER@WICHITATHUNDER.COM

