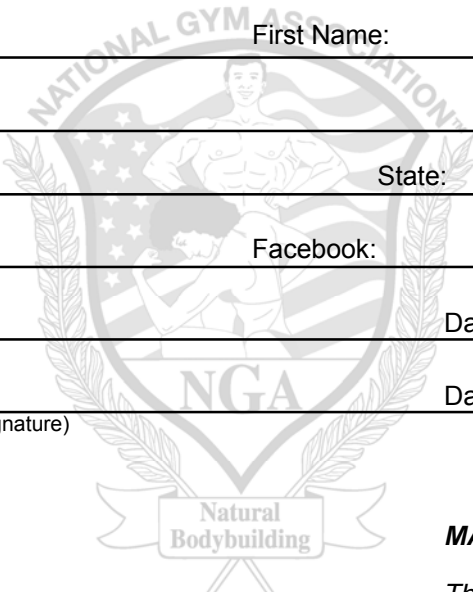


AMATEUR ATHLETES \$60.00



Last Name: _____ First Name: _____ MI: _____

Address: _____ Male Female

City: _____ State: _____ Zip: _____

E-Mail: _____ Facebook: _____

Telephone #: _____ Date of Birth: _____

Signature: _____ Date: _____
(If under 18, parent's signature)

- Cash Payment - \$60.00
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- Please bill my credit card for \$ _____

Credit Card # _____

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Membership will expire the following year prior to the month that you enrolled.