



OFFICE USE ONLY	
M/F	AGE
GROUP	

REGISTRATION FORM

Last Name		First Name		Initial
Address			APT. #	
City		State	Zip	
Sex (M/F)	Age Today	Date of Birth		
USA Citizen? Circle YES or NO		If no, country of Citizenship		
Phone Number			Cell	
Email				
Uniform Size		FOR OFFICE USE ONLY USA #		
Shirt size	Pant size	FOR OFFICE USE ONLY AAU #		
Emergency Contact #				
Hospital Name				
Doctor's Name:			Dr.'s Phone Number:	
Any medical condition(s) or known Allergies:				

Cash or PayPal: grandprairieflash@sbcglobal.net **Fee- \$200.00** **After April 15th- \$220**
Please Select Friends and Family US **NO REFUNDS**
 Signature X

Printed Name

OFFICE USE ONLY			
Fees Paid	Major Credit Card	Cash	Money Order
Please circle one			