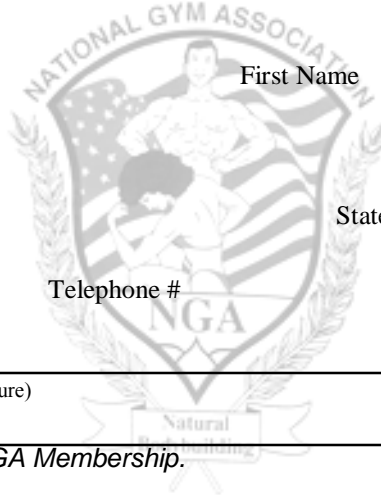


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AMATEUR ATHLETES **\$45.00**



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State

Zip

E-Mail

Telephone #

Date of Birth

Signature

Date

(If under 18, parent's signature)

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Credit Card # _____

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