



(Please print clearly!)

Event(s): _____

Event Date(s): _____

USAT Membership #: _____

First Name: _____

Last Name: _____

Gender: M or F (circle one)

Date of Birth: _____

Age on December 31st the year of the event: _____

E-Mail: _____

Re-Enter E-Mail: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

Address (line 1): _____

Address (line 2): _____

City: _____

State: _____

Zip: _____

Country: _____

How did you hear about this event?

Event Fee: \$1,000.00 (buy 2 and get 1 FREE!)

Check or Money Order: \$ _____ (Total)

(Payable to Mark H. Wilson and mail to P.O. Box 43, Randolph, NY 14772)

There is no refund for this event; however, transfers are welcome!

Thank you.