## STEEL CITY SMOKE TRAIL 15

NAR Regional Competition • Grove City, PA • June 6 & 7, 2015

## **REGISTRATION FORM**

Advanced registration is appreciated

Fill out the CB1-70 portion for each contestant, teams & families can combine fees for payment

| Name:  |  | lean                | n Name:  |   |  |  |
|--|--|---------------------|--|---|--|--|
| NAR #: Divis   | sion: A  | / B / C             | T Team #:  |   |  |  |
| Phone:   | E  | -Mail:              |  |   |  |  |
| Saturday Dinner - Will You Be Attender                 | ding The   | Sat. Dinner         | ? (~7:00 PM) Y / N If Yes How Many? _              |   |  |  |
| Registration Check-In: On the field S                  | Saturday   | and Sunday          | <b>'.</b>  |   |  |  |
| A & B Div  | visions: \$  | •                   | ntion Fees<br>on: \$15 / T Division: \$20/Team     |   |  |  |
| <b>Mail Registration W</b> Rod Schafer, 27 Royal Oak D | •  | •                   |  |   |  |  |
| MAKE SUI   | RE REVE  | RSE SIDE            | OF CB-1-70 FORM IS SIGNED                          |   |  |  |
| NATIONAL   | OFFICIAL USE ONLY ENTRY NUMBER FLIGHT SHEETS ISSUED BY |                     |  |   |  |  |
| PLEASE ENTER ME IN THE FOLLOWING EVENTS                | OFFICIA  | L USE ONLY          | CONTESTANT DATA                                    |   |  |  |
| EVENT  | EVENT<br>NO.   | FLIGHT<br>SHEET NO. | FULL NAME OF CONTESTANT                            |   |  |  |
| B Alt. (Altimeter)                                     |  |                     | STREET ADDRESS                                     |   |  |  |
|  |  |                     | CITY   |   |  |  |
| E DEA (Altimeter)                                      |  |                     | STATE ZIP  |   |  |  |
|  |  |                     | PHONE NO.  |   |  |  |
| B SD   |  |                     | NAR NUMBER   |   |  |  |
|  |  |                     | AGE DIVISION (circle one) A B C                    | т |  |  |
| C PD   |  |                     | OFFICIAL NAME OF CONTEST Steel City Smoke Trail 15 |   |  |  |

SECTION NAME

NAR TEAM NO.

DATE OF BIRTH

E-MAIL

SECTION NUMBER

(OVER)

C RG

| (Must be signed by all contes<br>team sign.)             | tants before flight sheets can be     | issued. If team entry so               | state and have all members of the   | •    |
|--|---------------------------------------|--|---|------|
| NAR and I agree to abide by t                            |                                       | and abide by the orders o              | ry and with the Safety Code of the<br>of the presiding range safety and   | •    |
| Date   | Signed                                |  |   |      |
|  |                                       |  |   |      |
| *PARENT'S CONSENT, (Must sheets issued.)                 | be signed before entry of any c       | ontestant under 18 years               | of age can be accepted and flight   |      |
| As parent or legal guardian consent to his/her accepting | of<br>any and all awards whatsoever t | , a minor,<br>hat he/she may win, whet | I hereby give my full and unqualit<br>her it involves travel or otherwise | fied |
| Date   | Signed                                |  |   |      |