Track Express Track Club, Inc.

2015/16 Indoor Registration Form

Athlete's Name: _____
First Middle Last

Date of Birth: _____ Gender: (Circle one) Female Male
Month Day Year

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Information:

Home	( )	_____
Father's Work	( )	_____
Father's Cell	( )	_____
Father's Email		_____
Mother's Work	( )	_____
Mother's Cell	( )	_____
Mother's Email		_____

Emergency Name/Phone: _____

Donations are due at the time of registration:

One athlete:	$100.00	Second athlete:	$90.00

Please make your check or money order payable to: "Track Express Track Club, Inc."

ATTENTION: The President, or designee, of the club must verify Athlete's birth certificate. I affirm that the athlete's age as submitted is correct.

_____ Date Registered _____

Club President/Representative Signature