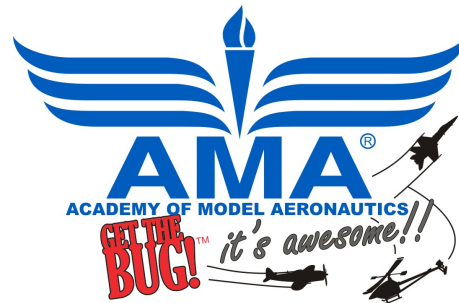


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2019 F5J Electric Thermal Glider Program Entry Form

Name: _____ AMA #: _____

Address: _____

Day Phone: _____

E-Mail Address: _____

Signature: _____

\$ 25.00 PROGRAM Entry Fee (Due 30 days prior to team selection event)

MasterCard/VISA Number: _____

Expiration Date: _____

Card Holders Signature: _____

OR

Check Number: _____ Amount: \$ _____