

USSA MASTERS ENTRY CARD			
Last Name	First Name	USSA #	Bib#
Sex	Date of Birth	Age Class	Club (if any)
M F			
Mailing Address	City	State	Zip
Telephone	Email		
Date of Race	Name of Race	Location	Discipline (circle)
			DH SL GS SG
For organizer use			
Fee Paid \$ _____ Date Rec'd _____ Comments _____			

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