



Registration Form

Name: _____

Division: _____

CLWC Member: Yes No

WWA Member: Yes No

Payments

Entry Fee: _____ (\$25 Member \$40 Non)

CLWC Membership: _____ (\$60 Family - \$35 Individual)

WWA Entry Fee: _____ (\$60 Full - \$40 Partial)

TOTAL: _____



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