

Participant Name(s)

DOB

ALSRA Level

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Parent Name(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

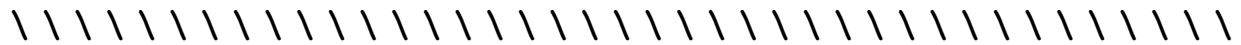
Insurance Information:

Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Signature \_\_\_\_\_



*For ALSRA Use:*

Payment Total \$ \_\_\_\_\_ Received by \_\_\_\_\_ Cash / Check

ALSRA Coat Yes / No Coat # \_\_\_\_\_

