

WSSRA CROSS COUNTRY REGISTRATION FORM

PLEASE PRINT

ONE FORM PER SLED

SLED # _____

NAME _____ PHONE # _____

ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SLED MAKE, MODEL, YEAR _____

**IT IS THE RACERS RESPONSIBILITY TO MAKE SURE YOU HAVE ENTERED IN THE
CORRECT CLASSES**

CIRCLE EACH CLASS YOU ARE ENTERING

PRO	440	OPEN	_____ @ \$60	_____
SEMI PRO	440	OPEN	_____ @ \$50	_____
SPORT	440	OPEN	_____ @ \$45	_____
PRO WOMENS	440		\$45	_____
LADIES		OPEN	\$45	_____
PRO LEGENDS	440		\$50	_____
MASTERS		OPEN	\$50	_____
MOUNTAIN (LONG TRACK)	STOCK	OPEN	\$45	_____
JUNIORS:	GIRLS BOYS	11-13 14-16	\$15	_____
	(insurance will be \$10.00)			

CLASS TOTAL: _____

INSURANCE: 20.00

MEMBERSHIP: _____

YEARLY: INDIVIDUAL \$40.00 FAMILY \$70.00 DAILY \$10.00

TEAM RACE: PRO AMATURE

RACER NAMES: _____ RACER # _____

\$20 _____

TOTAL _____

MAIL TO MIKE GINTER P.O. BOX 745, BRUSH PRAIRIE, WA 98606,
FAX TO 360-652-8610 or EMAIL TO wssra@wssra.com