

ERDBA Club Registration Form - 2017



CLUB NAME:	
Website:	
Address:	
Address: City / State / Zip	

Your Club's ERDBA Representative:	
PHONE:	
EMAIL:	

SECONDARY CONTACT:	
PHONE:	
EMAIL:	

The ERDBA representative is that person authorized to represent the club and vote on ERDBA. The secondary contact will only be authorized to vote if the primary representative is not available.

CLUB TEAMS:	
List your teams and their race divisions for the 2017 race season	
Team Name	Racing Class (Open,mixed,women) / Division (Premier, Senior A/B/C/D)

Attach another sheet if needed to list additional club teams. Note: Additional teams can be added up to the start of the 2017 season.

Authorized club representative please sign below and send completed form together with check made out to **ERDBA** for **\$300 (\$330 if not postmarked by January 31, 2017)** to:

Angela Acuna, Treasurer ERDBA, P.O.Box 771, Conshohocken, PA 19428

Name: _____ Signature _____ Date: _____