2018 MEMBERSHIP APPLICATION

Mail application and fees to:

CALUMET REGION STRIDERS
PO BOX 225
GRIFFITH, IN 46319

NOTE: ENTER MAILING AND EMAIL ADDRESSES BELOW TO RECEIVE THE INSTEP NEWSLETTERS, CRS CORRESPONDENCE, AND CRS EMAIL.

	First Name	Last Name	Birthdate Month-Day	Year	Gender M	F	Dues must be paid to participate in Gold Cup Series — Annual household dues cover all household members	5-Year Individual Dues	10-Year Individual Dues	Optional Participation / Gold Cup Series — Gold Cup Series Participant	Age Competition	Male Clydesdale 210 pounds plus	Female Athena 170 pounds plus	Total Due
Primary Household Member:					Check One							Check One		
Email Address:					☐	☐	$15	$55	$100	$25 ☐	☐	☐	☐	+
Add'l Household Member:					☐	☐								
Email Address:					☐	☐		$55	$100	$25 ☐	☐	☐	☐	+
Add'l Household Member:					☐	☐								
Email Address:					☐	☐		$55	$100	$25 ☐	☐	☐	☐	+
Add'l Household Member:					☐	☐								
Email Address:					☐	☐		$55	$100	$25 ☐	☐	☐	☐	+
Add'l Household Member:					☐	☐								
Email Address:					☐	☐		$55	$100	$25 ☐	☐	☐	☐	+

ADDRESS

CITY, STATE   ZIP

PHONE CONTACT

Less Discounts Applied: _____ - _____

Plus Optional Donations:

Jim Cox Scholarship Fund   + _____

Stevens-Hamilton Disabled Runner Fund   + _____

Total Enclosed   = _____

Signature: _____   Date: _____

Parent's signature if under 18 years of age.

Rev. 01.01.18