

F.D.A. STATE CHAMPIONSHIP-APPLICATION FORM

Mail to: Dorothy Filley, 2100 NW 84 Avenue, Doral, FL 33122

DATE: _____ ASSOCIATION: _____

NAME ADDRESS PHONE # / email

Cpt: _____

Co-Cpt: _____

NAME ADDRESS PHONE # / email

Men:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Women:

1. _____

2. _____

3. _____

4. _____

Person to contact with all event information: _____

Include address & phone #: _____

E-mail: _____ **MUST HAVE EMAIL FOR CONTACT PERSON.**

This application along with a check for \$370.00 entry fee made out to the FDA must be **postmarked by June 1st**. Name, address & phone #'s for every member must be completed. Incomplete applications will be returned.

REVISED: Jan 2012