

# 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 1<sup>st</sup>**. Name, address & phone #'s for every member must be completed. Incomplete applications will be returned.

REVISED: Jan 2012