



2008/2009 Master Program Registration

Athlete Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Email: _____ Date of Birth (mm/dd/yy): _____

Additional email addresses (work): _____

Ph. # _____ Cell # _____ Jacket size: _____ Racing suit size: _____

Do we have your permission to share your contact info on a program roster? Yes ___ No ___

Please check the group program/s you are signed up for:

- | | |
|--|-----------|
| <input type="checkbox"/> Noon Master's year round (May 1 – Apr 10) | \$1650.00 |
| <input type="checkbox"/> Noon Master's winter only (Oct 1 - April 10) | \$1000.00 |
| <input type="checkbox"/> Noon Master's dry land only (May 1 -Sept 30) | \$870.00 |
| <input type="checkbox"/> Evening Master's year round (May 1 – Apr 10) | \$1650.00 |
| <input type="checkbox"/> Evening Master's winter only (Oct 1-April 10) | \$1000.00 |
| <input type="checkbox"/> Evening Master's dry land only (May 1 -Sept 30) | \$870.00 |
| <input type="checkbox"/> Flex option, (noon or evening) year round | \$1900.00 |
| <input type="checkbox"/> Flex option, (noon or evening) winter only | \$1250.00 |

Total program/s fee: \$ _____

Credit Card Payment: Visa MasterCard Discover

Card Holder Name: _____

Credit Card #: _____

Expiration Date: _____ / _____ V Code (last 3 digits on back of card): _____

Credit card billing address: _____

City: _____ Zip: _____

Total Paid: \$ _____ Check # _____

Signature: _____

Please complete and fax to APUNSC at (907) 564-8943

****Payments must be sent in via fax, US mail, or hand delivered to the office.
Coaches will no longer be accepting payments in parking lots during sessions.**

