TEAM NAME: _____CAPTAIN:_____TEAM #:_____

PLEASE FILL OUT COMPLETELY, ACCURATELY AND LEGIBLY - THANK YOU!
RETURN by December 23rd, 2020
TEAM MEMBERS

Complete ALL information;

Meister In 2020 Y or N	NASTAR Registration #	NAME	M/F	DOB	PHONE #	SB- snowboard T- telemark A - alpine skier	E-mail*
Rookie							
Rookie							

*Please include an email address so we keep you up to date with any Mountain Meisters announcements or early season clinic events.