

Carl McLawhorn Memorial Fly-Off 6

• Grove City, PA • October 13 & 14, 2018

CONTEST REGISTRATION FORM

Advanced registration is appreciated; sport flyers do not need to register.

Enter information for individuals and teams for flying NRC events below:

Name(s): _____

Team Name: _____

NAR #: _____ Division: A / B / C / D Team #: _____

Phone: _____ E-Mail: _____

The CMMF 6 events will be flown in a single division of individuals and teams, and can be different from the information above, if so enter this info in the line below:

Name(s): _____ Team Name: _____

Registration Fees: Each adult - \$10.00, Youths 22 and younger - \$5.00 **Registration Check-In:** On the field.

Saturday Dinner - Will You Be Attending The Sat. Dinner? (~7:00 PM) Y / N If Yes How Many? _____

Mail Registration With Payment Payable To:

Rod Schafer, 27 Royal Oak Drive, Lower Burrell, PA 15068

TOTAL ENCLOSED: \$ _____



CONTEST ENTRY CARD

NAME / TEAM NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

DATE OF BIRTH

DIVISION
(circle)

A

B

C

D

NAR #

TEAM #

COMMENTS