Name(s):		Under 187 Yes	No	Birthday (mm/dd)
				Birthday (mm/dd)
				Birthday (mm/dd)
				Birthday (mm/dd)
Anniversary (mm/dd)				
Address:		City / State:		
Zip +4:	(Must have all 9 digits	s) ZipCodeLookup	USPS (to	ols.usps.com/zip-code-lookup.htm)
List any Phone #'s and Email addı	resses that you would like to	o use on the Club R	oster.	
Phone(s): (Home)	(Cell) His		(Ce	ell) Hers
Email: Family	His			Hers
Address: Insured through another Clu	b other than Cross Traile	ers & MO Federat		Yes No
	<b>b other than Cross Traile</b> ou are insured:	ers & MO Federat		
Insured through another Clu If YES, <u>name of Club</u> where yo	<b>b other than Cross Traile</b> ou are insured:	ers & MO Federat		
Insured through another Club If YES, <u>name of Club</u> where yo The club you pay insurance throu All Fees Subject to Change	<b>b other than Cross Traile</b> ou are insured: gh MUST be covered by USE	DA. If not, you will b	be asked t	
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