



 PAPERMILL PRINTING

Washington State Association National Association of Letter Carriers

REGISTRATION FORM

Event registering for: _____

Date of Event: _____

Name: _____

Address: _____

Phone: _____

Male or Female

Emergency Contact Name: _____

Emergency Contact Phone: _____

Branch # and City: _____

Branch President Name: _____

Branch President Phone: _____

Branch Address: _____

Registration Amount: _____

Check #: _____

For Administration Use Only

Date Received: _____

Registration Accepted or Returned (Reason): _____

Date Event Completed: _____

Certificate Date: _____