

CALIFORNIA LATE HATCH CLASSIC

Sprint Series

BAND NO.	ENTRY
	100
	100
	100
	100
	100
	100
	100
	100
	100
	100
	100
	100
	100
	100
	100
TOTAL	

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Signature: _____

Date: _____

TOTAL
Amount:
Paid:
Initials:

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