



HALLMARK TRACK CLUB

" Come Fly With The Eagles "

Name _____ M/F _____

Address _____

Phone Number _____ Date of Birth _____

Mother's Name _____

Home No. _____ Alt No. _____

Father's Name _____

Home No. _____ Alt No. _____

In Case of Emergency

Name _____ Phn No. _____

Fee is due at the TIME OF APPLICATION and the fee is NON-REFUNDABLE. Please be advised there is a \$25.00 returned check fee.

Parent/Guardian _____ Date _____

For Office Use

Fee B/C Age Group _____