



EVENT PARTICIPATION LIST FORM 11

Event Name _____

Sanction No. _____ Date(s) _____ No. of Entries – This Event _____

PLEASE PRINT ALL INFORMATION LEGIBLY

	Name	Place	AMA #	Home Address or E-Mail Address
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CD INSTRUCTIONS

Submission of the form by the Contest Director is necessary for compliance with insurance requirement. This information can aid you in your promotion of future events and settlement of any event problems. The Contest Director retains the copy and returns the white original sheet(s) within seven (7) days to AMA Headquarters, attached to Form 10.