

## VIS VIRES REGISTRATION FORM

## OFFICE USE ONLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Muscle Shirt Size (M-XXL): \_\_\_\_\_

Please enclose payment by check or money order with your registration form (made out to The Clark Sports Center). Send payment to: The Clark Sports Center, Attn: Health & Fitness, P.O. Box 850, Cooperstown, New York, 13326.

