

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.

