## Hale Area Trailblazers Membership Per Year

Date:		
Signature:		
I have read and agreed to the co	onditions stated	above.
I hereby make application to pa Hale Area Trailblazers Of Hale		event sponsored by the
This release is intended to dischincorporated, and Members from out of, or connected in any way Trailblazers events.	m and against a	any and all liability arising
THIS IS A RELEASE, READ	IT BEFORE	SIGNING
email:		
Phone:		
City:	State	Zip
Street Address:		
First name:		
Last name:		
Business:		\$30
Individual Adult: Family: (1 or 2 adults and kid	ls under 21)	\$20 \$35 intro first yr./\$40
Circle one		

Mail to: Hale Area Trailblazers P.O. Box 431 Hale MI 48739