**Please fill out completely and include 12 proof of purchases, or multiples of 12 (e.g., 12, 24, 36)**

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| APA MEMBERS  |  |  |  |  |

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| --- |
| Name (Last, First): |
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| --- | --- |
| Address (Street, City, Zip): |  |
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| --- |
| Type of APA Membership (e.g., Individual Adult, Adult Married – No kids, College, Junior, USPC Member, Family): |
|  |
| Polocrosse Club: |
|  |

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| --- | --- | --- |
| Name of feed store/dealer and city/State where you purchase the Triple Crown product (do not include receipt).  |  |  |
| Would you like to be added to the Triple Crown Newsletter? If so please include your email address. |  |  |
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| Payment info: |  |  |  |  |

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| To what Club or host Club of an APA Tournament should payment be addressed? |
|  |

|  |  |
| --- | --- |
| Club President’s name or name of Designated Tournament: |  |
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| --- |
| Club Mailing Address (Street, City, Zip): |
|  |
| Contact e-mail and cell phone for club: |
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Please submit only the proof of purchase from the back of bag. Do not submit UPC bar codes.

 