**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 |  |  |  |  | |
| |  | | --- | | Name (Last, First): | |  |  |  |  | | --- | --- | | Address (Street, City, Zip): |  | |  |  |  |  | | --- | | Type of APA Membership (e.g., Individual Adult, Adult Married – No kids, College, Junior, USPC Member, Family): | |  | | Polocrosse Club: | |  |  |  |  |  | | --- | --- | --- | | 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: |  |  |  |  | |
| |  | | --- | | To what Club or host Club of an APA Tournament should payment be addressed? | |  |  |  |  | | --- | --- | | Club President’s name or name of Designated Tournament: |  | |  |  |  |  | | --- | | Club Mailing Address (Street, City, Zip): | |  | | Contact e-mail and cell phone for club: | |  | |

Please submit only the proof of purchase from the back of bag. Do not submit UPC bar codes.

 