Mid-South Pullers Association 2019 Registration Form

Name of D	river:				
		e will be mailed	to this add	lress.	
City:		State:	Zip:		
Phone: Hor	me ()	Work ()	Cell ()
E-Mail Add	dress:				
Class:					
Team Nam	e:				
	your voting rig				ate which class you wish lass listed first shall be
	Driver (if appl	icable)			
(if different	t than above)				
City:		State:	Zip:		
Phone: Hor	me ()	State: Work (_)		
					
paid after A MSPA Clas	April 1 st ssifies the vehi	cle as the memb	•		re April 1st \$150.00
Enclosed: \$	S				
Mail to:	c/o Theres	er Hill Road N 38478	tion		