



# EVENT PARTICIPATION LIST FORM 11

Event Name \_\_\_\_\_

Sanction No. \_\_\_\_\_ Date(s) \_\_\_\_\_ No. of entries - this event \_\_\_\_\_

PLEASE PRINT ALL INFORMATION LEGIBLY

	Name	Place	AMA #	Address
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## CD INSTRUCTIONS

Submission of this form by the Contest Director is necessary for compliance with insurance requirements. This information can aid you in your promotion of future events and settlement of any event problems. The Contest Director retains the copy and returns the white original sheet(s) within seven (7) days to AMA Headquarters, attached to Form 10.