

PPRAC RIDER REGISTRATION FORM

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Age: _____ Male: _____ Female: _____

Occupation: _____

Employer: _____

Jersey Size (Circle one): S M L XL XXL Jersey Cut: M F

Please enclose your \$200 **non-refundable** and **tax-deductible** registration fee (*\$250 after 2/1/13*), which covers your registration & jersey.

Please make checks payable to: **PPRAC/Bob Freed**

Mail to:
Bob Freed
1015 North 30th Street
Allentown, PA 18104

You will receive a confirmation of your registration.