2003 NRRC Application

First Name	Last Name	MI1
Address	City	
StateZip	Telephone (
E-Mail		
Date of Birth	Age	Gender (M/F)
Parent/Guardian		
	E-Mail	
Performances (If you have not	t run an event, enter "N/C	<u>)</u>
800m 1600m	3200m	5000m
Number of Years Running	Grade Next Y	Year
Name of Preferred Roommate	;	
way responsible or liable for any inj	uries, ailments, infirmities, an	ary and that the camp shall not be in an ad/or disabilities sustained as the result injury, and agree to accept such risks.
Camper's Health Insurance Co	ompany	
Policy Number		
Parent/Guardian Signiature		Date
Camper Signature		Date
******	ų.	
Official Use Only	•	
Date ReceivedAmount_		
