



Sugarloaf Mountain Athletic Club Membership Application

Date: _____

Name(s): _____

Check one:

Address: _____

_____ Individual (\$15.00)

City/State/Zip: _____

_____ Family (\$20.00)

Birth Date(s): _____

_____ Youth (\$10.00)

Phone: _____

_____ Sun only (\$10.00)

Sex: _____ New Address? [Y/N]: _____

E-mail Address: _____

Membership: New? _____ Renewal? _____

T-shirt Sizes: _____ Youth: _____ Small: _____ Medium: _____ Large: _____

Adult: _____ Small: _____ Medium: _____ Large: _____ X-Large: _____

Please make your check payable to: **Sugarloaf Mountain Athletic Club**

Mail this form with your payment to:

Sugarloaf Mountain Athletic Club
P.O. Box 379
Hadley, MA 01035

All Sugarloaf members are encouraged to volunteer their services. Help is needed in order to keep fees down, to continue putting on quality events, and so that members can get to know one another. Please indicate your interests:

Club officer: _____

Race Director: _____ Assistant Director: _____ Publicity: _____ Results: _____

Water Stations: _____ Registration: _____ Finish Line: _____ Results: _____

Mailing: _____ Fun Run Host: _____ Telephone Tree: _____

Refreshments: _____ Car Pooling to Area Races: _____

Youth Track Coach: _____ Youth Track Assistant: _____

Publications: _____ Gathering Information: _____ The Sun: _____ Writing: _____

Photography: _____ Sponsorships: _____ Calendar: _____

Website: _____ On-Line Newsletter: _____ Other: _____