

**THSRA  
2017/2018 Adult Membership Form  
\$10.50 per adult**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Name of Contestant \_\_\_\_\_

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