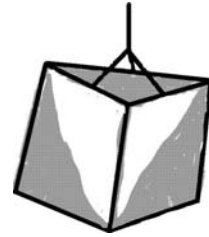


Possum Trot Orienteering Club



Possum Trot X

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Auto Description: _____

The phone and auto description help to locate persons who do not return within the 3-hour time limit. **ALWAYS CHECK IN!**

Year of Birth: _____ Female Male

Suggested Donation:	Qty.	@	Amount	_____
<i>Individual entry (includes lunch)</i> _____		@	\$20.00	_____
PTOC Member discount....._____		@	- \$2.00	_____
Compass rental....._____		@	\$1.00 each	_____
Extra color map (1 is provided w/entry)....._____		@	\$2.00 each	_____
PTOC Club Patch....._____		@	\$2.00 each	_____
PTOC Membership, 1 year				
Individual....._____		@	\$12.00/year	_____
Family....._____		@	\$15.00/year	_____
Total:				_____

Nonmembers are *always* welcome to participate in our events. **Members** get a discount and a newsletter.

WAIVER OF RESPONSIBILITY: (Start times will not be assigned without a signature below!)

I, the undersigned, know that Orienteering, as an outdoor action sport, carries significant risk of personal injury. I know that there are natural and man-made hazards, environmental conditions, and risks which, in combination with my actions, can cause me serious, or possibly even fatal injury. I agree that I as a participant, must take an active role in understanding and accepting these risks, conditions and hazards. I also agree that I, and not the organizers and officials of this event, the U. S. Orienteering Federation, the land owners or managers, or any sponsors, am responsible for my safety while I participate in this event.

Signature: _____

(Parent or guardian must sign if entrant is under age 18)

Date: _____