

# Tri-State Challenge

## *Package/General Admission Order Form*

Name (1 per Line) Please Print	Age A/J/ S	Packages					General Admission									Dinner	Packa ge \$	
		A	B	C	D	E	1 Fri Aft	2 Fri Eve	3 Sat AM	4 Sat Aft	5 Sat Eve All	6 Sat Eve Show	7 Sat Eve Comp	8 Sun AM	9 Sun Aft	Beef or Fish		
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

Total Fees Due For This Sheet  
\$ \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

Please Make Checks Payable to:  
**Tri-State Challenge**  
 c/o Esther Don  
 P.O. Box 880788  
 Port Saint Lucie, FL 34988-0788  
 (772) 468-2900

*Please be sure to complete and sign release forms*  
**Closing Date for Entries - February 14**