

TWIN STATES PULLING ASSOCIATION

| Name: | | |
|---|------------------------------|---|
| Address: | | |
| Phone: | Vehicle Year: | |
| Make: | Model: | |
| Class: | Years Pulling: | |
| Occupation: | | |
| Spouse: | Mechanic: | |
| Pit Crew: | | |
| Hobbies: | | |
| Anything else you wan | t to add: | |
| This information is for want any changes, Ple | | were in the program last year and don't |
| If you want changes no | ote them on this form. | |
| digital format to: freck | | the program last year. Please send one in o 641-777-5297. If you don't have one. I. |
| Put TSPA in the subject | t line, your name and vehicl | e name in the body of the email. |
| Please, fill this out. I we | ould like to get everyone in | the program this year. |
| It's a free way to show | off your ride and help your | sponsors. |