

2017 Fleet Feet Sports PDX Race Ambassador Program Registration

Personal Information

Name: _____

Birth Date: _____

Street Address: _____

City, State, Zip: _____

Profession: _____

Phone: _____

Email Address: _____

___ Male ___ Female

Racing Kit Sizing

Singlet *OR* T-Shirt (Choose one): _____

Men's *OR* Women's: _____

Size: _____

Jacket - Size: _____

Men's *OR* Women's: _____

In-Store Use

Date: _____

Paid?

Receipt Attached?