



























Subscription Form

























Please fill in the form:

First name	_____								
Last name	_____								
Age	_____								
Address	Street: _____ City: _____								
Activities	<table border="1"><tr><td> Archery</td><td> Athletics</td><td> Jumping</td><td> Fencing</td></tr><tr><td> Gymnastics</td><td> Swimming</td><td> Diving</td><td> Rowing</td></tr></table>	 Archery	 Athletics	 Jumping	 Fencing	 Gymnastics	 Swimming	 Diving	 Rowing
 Archery	 Athletics	 Jumping	 Fencing						
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Your choice(s)	1 st choice: _____ 2 nd choice: _____ 3 rd choice: _____								



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