

# Enrollment Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Requested Mug Number \_\_\_\_\_

Shirt Size \_\_\_\_\_

*I have read and agree to all of  
Altitude's Mug Club rules.*

Signature: \_\_\_\_\_

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## FOR MANAGEMENT USE ONLY

Driver's License Number \_\_\_\_\_

Driver's License State \_\_\_\_\_

Birthdate \_\_\_\_\_

Sold by \_\_\_\_\_

Aloha Ticket Number \_\_\_\_\_

Membership Card Number \_\_\_\_\_