



AMPS

Master Administration Form

Registration #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ E-mail: _____

Home Club: _____ AMPS#: _____

Skill Level

Junior Beginner Intermediate Advanced Master

Entry Letter	Category	Entry Title
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		

Logged In: _____

by: _____