

## PSRA 2024 CHUCKWAGON PERMIT APPLICATION

**TEAM NAME:** \_\_\_\_\_

Name of Contact (Who receives permit): \_\_\_\_\_

Address (Where permit should be sent):

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Check One Below:

\_\_\_ \$125.00 PSRA **Member** Permit if application is **received** by March 14, 2024

\_\_\_ \$140.00 PSRA **Member** Permit if application is **received** after March 14, 2024

\_\_\_ \$50.00 **Guest** Team Single Use Pass

Team Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (Where permit should be sent):

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Attending a Flick Regatta: \_\_\_\_\_

Please mail your check and this form to:

PSRA, Box 60641, King of Prussia, PA 19406