

PSRA 2026 CHUCKWAGON PERMIT APPLICATION

TEAM NAME: _____

Name of Contact (Who receives permit): _____

Address (Where permit should be sent):

Email Address: _____

Phone Number: _____

Check One Below:

___ \$135.00 PSRA **Member** Permit if application is **received** by March 7, 2026

___ \$150.00 PSRA **Member** Permit if application is **received** after March 7, 2026

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

Guest Team Name: _____

Guest Contact Name: _____

Guest Address (Where permit should be sent):

Guest Email Address: _____

Guest Phone Number: _____

Date Attending a Flick Regatta: _____

Please mail your check and this form to:

PSRA, Box 60641, King of Prussia, PA 19406