



Sassy Sams Registration Form

Name					
Address					
City		State		Zip	

Birthday & Anniversary	His		Her		Anniv.	
------------------------	-----	--	-----	--	--------	--

Home Phone					
His Cell & Email		E-mail			
Her Cell & E-mail		E-mail			

Rig		Lenght		Amp		Slides		Pets	
-----	--	--------	--	-----	--	--------	--	------	--

Good Sam #		Exp Date		Member Since	
------------	--	----------	--	--------------	--

Emergency Contact Information

1st Contact		2nd Contact	
Relationship		Relationship	
Address		Address	
City		City	
State & Zip		State & Zip	
Home Phone		Home Phone	
Cell Phone		Cell Phone	

Give the completed form to Sassy Sams President