Lake Superior Biathlon
P.O. Box 21086, Thunder Bay Ontario, P7A 8A7 www.lakesuperiorbiathlon.com

FALL 2010 BIATHLON CLINIC REGISTRATION FORM

Name: _____
Address _____
City _____ Postal Code: _____
Telephone Number _____
Email Address: _____

Fee: ☐ LSB/BiON Member Membership # _____ $60.00

☐ Cadet * Cadet Unit _____ $60.00

☐ Non-member $100.00

**Cadets must submit a request for authority to Region HQ in order to participate.*

Rifle: ☐ 0.22 Cal Rifle ☐ 0.177 Air Rifle

Registration due 03 September 2010

Participants are to submit the following

- Fall 2010 Biathlon Clinic Registration Form
- Biathlon Ontario Participation Waiver Form
- Biathlon Ontario Range Safety Rules Form
- Cheque made payable to “Lake Superior Biathlon”

Questions can be forwarded to:

Email: info@lakesuperiorbiathlon.com
Phone: (807) 251-1630 (Evening Hours only)