



BoulderMax Registration

Climber's Information (please print clearly)

Name: _____ Age: _____ Gender: M/F

Birth Date: _____ Today's Date _____

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Email: _____

◇ Pre Register by 5/22 \$25.00

◇ Normal Registration \$30.00

◇ Cash ◇ Check ◇ C.C.#: _____ Exp: _____

(payable to Climbmax)

Billing Zip: _____



STAFF USE: Date received _____ Date Rung up _____ Initials _____