



## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

State permit # \_\_\_\_\_

State Class      1                      2                      3

Send form along with check **(\$40 payable to LEBOA)** to:

Chuck Grimm  
P.O. Box 360711  
Strongsville, Ohio 44136

