



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

