



Member Benefits

- ▶ 4 hours of weekly technique and training instruction
- ▶ Team logo t-shirt
- ▶ Belay instruction for team members age 11 and up
- ▶ Unlimited climbing at Bloomington Gym and \$5 day passes at St. Louis Gym
- ▶ 40% off any ONE regularly priced DMM, Wild Country, or Red Chili item
- ▶ 20% discount on gear and clothing in pro shop

Member Obligations

- ▶ Personal climbing shoes, harness, chalk bag, and belay device
- ▶ Ages 7-17
- ▶ Attendance at team practice every week
- ▶ Compete in at least 1 competition per session...registration costs not included in membership fees
- ▶ Either Session 1 or 2: \$225 for non-members, \$150 for members, Session 1 runs October - December, Session 2 runs January - March
- ▶ Both Sessions 1 and 2: \$375 for non-members, \$225 for members, runs October through March

Practices are currently scheduled for Tuesdays and Thursdays from 6:00-8:00pm. The first practice is Thursday, October 1st. Parents are encouraged to attend the first practice to meet the coach and get any questions answered. Team membership will be terminated if a total of 6 or more practices are missed per session.

Team ULI Registration Form

Registration opens September 1st, 2009 at Noon and is on a first come, first serve basis. Payment must be made in full at time of registration and can be done in person at the gym, by phone with credit card, or by mail. There is a registration minimum of 8 per session and a maximum based on the coach to climber ratio which is still to be determined. Available t-shirt sizes are: Child's 10-12, 14-16 and Adult Sm, Med, Large, & Extra Large.

Child's name _____ Age _____ T-Shirt Size _____

Parent(s) name _____

Phone # home _____ Parent work /cell _____

Address _____ City _____ Zip _____

Parent's Email _____ Child's Email _____

Please circle the session(s) signing up for and the appropriate current membership with cost:

Session 1, October -December: Yearly & 6 mo. Members, \$150 / Non-Member, \$225

Session 2, January - March: Yearly & 6 mo. Members, \$150 / Non-Member, \$225

Both Sessions, October - March: Yearly & 6 mo. Members, \$225 / Non-Member, \$375

Amt Enclosed \$ _____ Cash _____ Check (# _____) Visa _____ Mastercard _____ Discover _____ AmEx _____

Charge card # _____ Exp. Date _____

Signature _____ Today's Date _____

Make checks payable to: Upper Limits • 1304 W. Washington • Bloomington, IL 61701 • (309) 829-8255

Office Use Only:

Date Received _____ Amount Received _____ Received By _____ Waiver on file: Yes / Mailed / Web