

WEST ALLIS
SPEED SKATING CLUB

MEMBERSHIP APPLICATION FORM
2009/2010 SEASON

(Complete one form per skater, but need
to complete Parent Information only once)

PARENT INFORMATION

MOTHER

LAST NAME
FIRST NAME
ADDRESS
CITY/STATE/ZIP
HOME PHONE*
WORK PHONE*
CELL PHONE*
EMAIL
EMAIL (2)

FATHER

(*) List only those you wish published. Indicate (P) preferred phone number to use for contact

Note: Email is our primary avenue of communication. List all email addresses you wish us to use.

SKATER

FIRST/LAST NAME _____

DOB _____

AGE (AS OF 6/30/09) _____

DIVISION & CLASS _____

