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MEMBERSHIP APPLICATION 2009 – 2010 SKATING SEASON (10/1-9/30)

- Complete all information on this Application (all fields are required), sign the Waver, Code of Conduct and Volunteer Form. All forms are required for membership.
- Forms and payment (money order or check – made payable to Piney Orchard Figure Skating Team * POFST* - please do not send cash), must be mailed to the following address:
POFST Membership
C/o Karen McAteer
2703 Falling Timber Trail
Edgewater, Md 21037
- As a member, you receive a team pin, the right to vote (for members 18 years of age or older) and a year filled with numerous ice – skating team/family memories.
- Only active members have voting privileges.

_____ INDIVIDUAL MEMBERSHIP- \$20
(ONE PERSON)

_____ FAMILY MEMBERSHIP - \$30
(ENTIRE FAMILY)

NAME OF SKATER(S): _____

NAME OF PARENT(S) _____

NAME OF SCHOOL: _____

GRADE: _____ BIRTHDAY: Month ___ Day ___ Year ___ AGE TODAY _____

CURRENT ISI LEVEL: _____ COACH: _____

CURRENT USFSA LEVEL: _____ COACH: _____

FAMILY MEMBERS: (TO BE FILLED IN WITH FAMILY MEMBERSHIP) Month/Day/Year

NAME: _____ BIRTHDAY: _____

NAME: _____

BIRTHDAY: _____

NAME: _____ BIRTHDAY: _____

NAME: _____

BIRTHDAY: _____

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT CELL: _____

*PARENT EMAIL: _____

*SKATER EMAIL: _____

(*Please know that email is our preferred method of communication. This email address will be included in a mass team email used strictly for POFST official business.)

FOR OFFICE USE ONLY

_____ DATE RECEIVED _____ CHECK # _____ \$ TOTAL _____ RECEIVED BY

_____ APPLICATION _____ WAIVER _____ C.O.C. _____ VOL. FORM