



Piney Orchard Figure Skating Team
Live on the Edge!



www.pofst.org

MEMBERSHIP APPLICATION

2011 – 2012 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 or hand delivered to the following address:

POFST Membership Chair
 C/o Amy Mahoney
 733 Thornwood Drive
 Odenton, MD 21113 410-695-2981 email: membership@pofst.org

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/paid 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.