

Membership Application



Smolt Division

Ages 13-18 / Free Membership

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Mobile Number: _____

Primary Contact email: _____

Applicants Signature: _____

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Emergency Contact Phone Number: _____

Send supplication form to:

Hoosier Coho Club

P.O. Box 352

Michigan City, IN 46361