

# 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