INDIVIDUAL MEMBERSHIP FORM PLEASE KEEP COACHES AND COMPETITORS SEPARATE

	DATE _____		**Submitted by** _____		**_Competitor**	**(full/lim?)**
_____			**Phone #** _____		**__Coach**	_____
sex	birthdate	NAME				phone no
m/f	mo/day/yr	first name last name	street address	City	zip	123-456-7890

PLEASE FILL OUT COMPLETELY AND LEGIBLY