Idaho Falls Figure Skating Club Membership Application

Member's Name: _____

USFS # (if transferring from another club): _____

Parent Member Name (If child is under 18 yrs): _____

Parent Cell Phone: _____

Child Member Date of Birth: _____

Parent Member Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

US Citizen: Y/N: _____

Parent E-mail: _____

Child E-mail (If child wants club emails): _____