

SPORTING CHANCE

Member Registration Form

<input type="checkbox"/> Single (10.00)	<input type="checkbox"/> Family (20.00)	<input type="checkbox"/> Corporate (100.00)
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Name: _____

Name of Additional Family Members: _____

Address: _____ **Phone: (H)** _____
 _____ **(W)** _____
 _____ **(C)** _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____ **Phone: (H)** _____
 _____ **(W)** _____
 _____ **(C)** _____

Outdoors Activity Interests:

<input type="checkbox"/> Ice Fishing	<input type="checkbox"/> Open Water Fishing	<input type="checkbox"/> Turkey Hunting Spring/Fall
<input type="checkbox"/> Upland Game Hunting	<input type="checkbox"/> Waterfowl Hunting	<input type="checkbox"/> Deer Hunting Crossbow/Rifle
<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Snow Skiing	<input type="checkbox"/> Other: (Please List) _____

