



Iroquois Falls Cross Country Ski Club 2016 – 2017 APPLICATION FOR MEMBERSHIP

Last Name:		First Name:	
Street Address:		Box #:	Postal Code:
City:	Phone:		Cell:
Email:			

* students over 18 must have a valid Student card

* Names required for ALL MEMBERS
(insurance purposes)

Ski & Snowshoe	# people	\$ each	\$ Total	Names	Gender M / F	Birth Date dd / mm / yyyy
Adult (18 – 64)		100				/ /
Senior (65 +)		80				/ /
Student / Child neither parent is a member		50				/ /
Student / Child if a parent is a member		25				/ /
Child 5 & Under		-				/ /
Snowshoe Only		25				/ /
Donation to IFCCSC	-	-				/ /
TOTAL		-				/ /

PAYMENT:

Paper Registration: use this form and pay cash or cheque at the chalet or pool

Online Registration: www.iroquoisfallscrosscountryskiclub.com

Cheque Payable to:

IFCC SKI CLUB
Box 874
Iroquois Falls, ON
P0K 1E0

Read & Sign the reverse side: Cross Country Canada Informed Consent & Assumption of Risk
ALL MEMBERS MUST SIGN ON THE REVERSE SIDE

