



The Greenwich Skating Club
P.O. Box 569
Greenwich, Connecticut 06836-0569

Application for Membership
(should be returned before February 15)

Candidate Name: _____

Home Address/
Billing Address: _____

Home Telephone: _____

Cell: _____

Email: _____

Spouse's Name: _____

Cell: _____

Email: _____

	Candidate	Spouse
Profession:	_____	_____
Firm:	_____	_____
Address:	_____	_____
Date of birth:	_____	_____
School:	_____	_____
College/Year:	_____	_____
Graduate School:	_____	_____

Proposer's Name: _____

Proposer's Email: _____

Home phone & Cell: _____

Years known: _____

GSC Members the Candidate knows well:

Other clubs to which the Candidate belongs:

Family Information:

Children

No. 1

No. 2

No. 3

No. 4

Name: _____

DOB: _____

M/F: _____

School: _____

Years of Skating Experience:

Most Recent Figure Skating Program and Level:

Years of Hockey Skating Experience:

Most Recent Hockey Program/Team and Level:

Which of the following Club activities would members of your family be interested in participating as members of the Skating Club:

_____ General Family Skating

_____ Learn to Skate

_____ Figure Skating Program

_____ Travel Hockey

_____ Travel Development League (the new house league)

_____ Cardinal Road Hockey League (Men's League)

Please indicate if you would be interested in volunteering your time toward any of the following activities supporting the Greenwich Skating Club:

_____ Coaching/Skating instruction (Please specify and describe experience)

_____ Team manager

_____ Figure Skating Committee (Saturday Badge Skills, Cookie Exchange, End of Season Show, etc.)

_____ Special events and club social events

Candidate's Signature/Date: _____

Thank you for providing this valuable information and for your interest in the Greenwich Skating Club.

The Admissions Committee