



wabashvalleycrew.com

CREW TEAM MEMBERSHIP FORM

Full Name _____

Date of Birth (mm/dd/yyyy) _____ Male or Female (please circle)

Email address _____

High School attending: _____

Home address: _____

Phone number: _____

Emergency Contact Full Name: _____

Emergency Contact Phone Number: _____

Legal Guardian Name and Signature Granting Approval for Minor to Participate:

Dues attached:

\$585 one-time payment (before December 1, 2019) Check # _____

Checks payable and mail to:

Clara Fairbanks Foundation Inc.
PO Box 11088
Terre Haute, IN 47801

Please include this completed form with payment write "WVC" on check memo line