

# 2020 WMLC Member Enrollment Form

PLEASE PRINT CLEARLY

## **Adult Member(s) Information:**

(Parent/Guardian)

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Club: \_\_\_\_\_

## **Youth Member(s) Information:**

Name: \_\_\_\_\_ Project(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on Jan. 1<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Name: \_\_\_\_\_ Project(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on Jan. 1<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Name: \_\_\_\_\_ Project(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on Jan. 1<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Name: \_\_\_\_\_ Project(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on Jan. 1<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Name: \_\_\_\_\_ Project(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on Jan. 1<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

Name: \_\_\_\_\_ Project(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (on Jan. 1<sup>st</sup>): \_\_\_\_\_ Grade: \_\_\_\_\_ Exhibitor #: \_\_\_\_\_

## **Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_