

SAINT BRIGID OF KILDARE SKI CLUB



I am/We are interested in joining the SAINT BRIGID OF KILDARE SKI CLUB as a skier/snowboarder.

Name _____ Age _____
Ski Club Bus Rider ___ Yes ___ No

Name _____ Age _____
Ski Club Bus Rider ___ Yes ___ No

Name _____ Age _____
Ski Club Bus Rider ___ Yes ___ No

Name _____ Age _____
Ski Club Bus Rider ___ Yes ___ No

I am/We are interested in joining the SAINT BRIGID OF KILDARE SKI CLUB as a chaperone.

Name _____ Age _____
Chaperone ___ Yes ___ No Ski Club Bus Rider ___ Yes ___ No

Name _____ Age _____
Chaperone ___ Yes ___ No Ski Club Bus Rider ___ Yes ___ No

Contact Person: _____
Home Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Email: _____

****Please note that email will be the preferred method for weekly communication****

Return this form (Attention Stacie Williams) with check for bus fee to the Saint Brigid of Kildare Elementary School Office (payable to St. Brigid of Kildare)