

Ski Mount Southington

Mount Southington Race Team JDATC Parents' Association Information Form 2016-2017 Season

Father _____

Email Address _____

Home Phone _____ Cell Phone _____

Address _____

Town _____ State _____ Zip _____

Mother _____

Email Address _____

Home Phone _____ Cell Phone _____

Address same as above (complete below if different)

Address _____

Town _____ State _____ Zip _____

I would like my contact information to be included in a race team directory to be shared with other race team families. (Check box).

RACER'S NAME	AGE	NEW RACER	CLASS	TEAM (Circle one)	Sizes			
	As of 12/31/16		FR, FS, U8-U19+		Tee Shirt	Sweat Shirt	Sweat Pants	Sweat Jacket
_____	_____	Y / N	_____	Alpine Race/ Free Ride / Freestyle	_____	_____	_____	_____
_____	_____	Y / N	_____	Alpine Race/ Free Ride / Freestyle	_____	_____	_____	_____
_____	_____	Y / N	_____	Alpine Race/ Free Ride / Freestyle	_____	_____	_____	_____