

VIRGINIA POLO TEAM, INC. MEMBERSHIP APPLICATION

Student Information:

Name _____

Expected Graduation Date _____

University Address _____

University Phone _____

Email _____

Home Address _____

Home Phone _____

Parent Information:

Name _____

Street Address _____

City / State / Zip _____

Phone _____

Email _____

Grandparent Information:

Name _____

Address _____

City / State / Zip _____

Phone _____

Email _____

** In case of emergency, please contact:

Name _____ Relationship _____

Phone _____