

VIRGINIA POLO TEAM, INC. MEMBERSHIP APPLICATION

Student Information:

Name \_\_\_\_\_

University Address \_\_\_\_\_

University Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Grandparent Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\*\* In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_