

Massachusetts Youth Rugby Organization, Inc.
MEMBERSHIP APPLICATION

Type: **Individual** Other CIPP#: _____ Date: _____

Annual Membership Dues: \$10.00 payable with application.
 Use this form for individuals, not for clubs and teams;

CONTACT INFORMATION

Name of Club/School/Other:

Contact Name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Public School team:

Varsity Club

Private School team:

Varsity Club

Club team:

Club

Other:

Youth u19 Boys

DI-A HS DI-B HS

DI-Club Not Sure

Youth u19 Girls

DI-A HS DI-B HS

DI-Club Not Sure

Youth u14 (*Free)

Rookie Rugby (*Free)

*Must submit application for processing only, no fees

Other:

Colors- Jersey:

Socks:

Shorts:

PARENT/GUARDIAN INFORMATION (IF MEMBER IS A MINOR)

Contact Name:

Relationship:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Comments:

COACH CONTACT INFORMATION		
Contact Name:		
Title:	CIPP#:	
Address:		
City:	State:	ZIP:
Phone:	Fax:	
E-mail:		

SIGNATURE	
Signature of applicant: _____	Title: _____
Print: _____	Date: _____
Comments:	
SIGNATURE	
Signature of Parent/Guardian: _____	Title: _____
Print: _____	Date: _____
Comments:	
Office Use Only: Date received: _____	Approved by: Print name: _____
Date reviewed: _____	Signature: _____
Date approved: _____	Title: _____
Date replied: _____	