

LAWRENCE COUNTY SPORTSMEN'S ASSOCIATION
JUNIOR APPLICATION

Please Print Clearly

JUNIOR APPLICANT INFORMATION

First Name: _____ Last Name: _____

Date of birth (month/day/year): _____

Address: _____

Phone: _____

GUARDIAN INFORMATION

*NOTE: THIS IS TO BE FILLED OUT BY THE CURRENT LCSA MEMBER THAT IS SPONSORING THE JUNIOR MEMBER.

First Name: _____ Last Name: _____

Address: _____

Phone: _____

Relation to junior member applicant: _____

I understand that by sponsoring the above applicant as a junior member of LCSA, I am responsible to ensure the junior member is always accompanied by an adult LCSA member at all times and follows all rules of the club.

*Junior membership is \$5.00 each year payable by 12/31 of each year. At the age of 18, the junior member may become an adult member without paying an initiation fee by attending a meeting and paying the current rate for dues.

Signature of Sponsoring Adult: _____

Date: _____