**2017-2018 Family Membership Form**



(Make check out to CCofSE —Mail to: PO Box 1187• Monroe• NC 28110)

Family Information

Father’s Name

Mother’s Name

Family’s Mailing Address City State Zip Code

Home Phone Number ( ) -

Cell Phone Number ( ) -

Email Address

Student 1

Name Gender

Birthday: Month Day Year

Student 2

Name Gender

Birthday: Month Day Year

Student 3

Name Gender

Birthday: Month Day Year

Student 4

Name Gender

Birthday: Month Day Year

Emergency Information

Emergency Name Contact #

Club and Coach Information

Club Name/Location

Coach’s Name

Membership Fee schedule: (Note only PAID CCofSE members may participate in CCofSE Tournaments)

Fee Postmarked BEFORE January 1, 2018 $20.00 Fee Postmarked AFTER January 1, 2018 $25.00

Fee Paid at ANY tournament Check-in $30.00

I hereby agree to the [CCofSE Code of Conduct](http://ccofse.com/index.php/about/code-of-conduct/) and commit to abide by all CCofSE rules and policies, follow tournament regulations as specified onsite, and resolve disputes in accordance with Biblical principles. (Reference: [A Commitment to Biblical Conflict Resolution](http://www.peacemaker.net/site/c.aqKFLTOBIpH/b.1172255/apps/s/content.asp?ct=1245339))