



HOOSIER COHO CLUB MEMBERSHIP APPLICATION

SMOLT DIVISION

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip :** _____

Phone Number: _____

Cell Number: _____

Primary Contact e-mail: _____

Applicants Signature: _____

Parent or Guardian Signature: _____

Parent of Guardian Printed: _____

Emergency Contact Number: _____

Send supplication form to:

Hoosier Coho Club

P.O. Box 352

Michigan City, IN 46361