

2006-07
JUNIOR TEAM OHIO APPLICATION



GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Parents Names: _____

Home #:() _____ Work #: (Circle) Mom / Dad () _____

E-mail address: _____

What is the name of your home club? _____

Are you sponsored by any racquetball manufacturers? _____

If yes, which ones? _____

PLEASE RETURN FORM TO:
OHIO RACQUETBALL ASSOCIATION
6449 LAKE TRAIL DRIVE
WESTERVILLE, OHIO 43082
(614) 890-6073