



DETROIT METRO  
SKATING COUNCIL

Club Name \_\_\_\_\_

Council Director \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ **E-mail** \_\_\_\_\_

Council Alternate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ **E-mail** \_\_\_\_\_

Club President \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ **E-mail** \_\_\_\_\_

Test Chair \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Dues of \$30.00 are due September 30, 2008.  
Make Checks payable to Detroit Metro Skating Council**

**Mail to: Detroit Metro Skating Council  
c/o Dorothy Tank  
812 Cloverlawn  
Lincoln Park MI 48146**

**President's signature authorizing the above information required**

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