



DETROIT METRO  
SKATING COUNCIL

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

Council Delegate \_\_\_\_\_

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<sup>th</sup>.  
Make Checks payable to Detroit Metro Skating Council**

**Mail to: Detroit Metro Skating Council  
c/o Mary Moss  
6565 Kolb  
Allen Park, MI 48101-2313**

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

\_\_\_\_\_

Date Received/Post-Marked \_\_\_\_\_

Check Number \_\_\_\_\_