Metro Carvers of Michigan

APPLICATION & GETTING TO KNOW YOUR FELLOW CARVERS

PLEASE COMPLETE AS MUCH OF THE INFORMATION BELOW AS YOU CAN

PLEASE PRINT

YOUR INFORMATION:

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

Address: _____

City: _____ **Zip Code:** _____

Cell Phone: _____ **Home Phone:** _____

Birth Date: _____ **E-Mail:** _____

EMERGENCY CONTACT INFORMATION:

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

Phone: _____ **Relationship to You:** _____

GETTING to KNOW YOU:

Town you grew up in: _____

Club name and location where you currently carve: _____

How long have you been carving: _____

What is your favorite type of carving: _____

Tell us something interesting about yourself: _____

_____

_____

Signature: _____

Date: _____