



Membership Form

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

___ \$35.00 Family Membership (includes Father/Mother/Children under 18)

___ \$20.00 Individual membership

Send form/check (made payable to: FHPA) to Ashley Cornman 131 McAuley Falls Rd, Templeton, PA 16259

I agree not to hold FHPA responsible for accidents, injury, loss or theft to myself or members of my family during any FHPA sanctioned event.

Signature of Adult/Guardian over 18 years of age

Date

***** Members included in Membership – Please list all Names

1. _____

2. _____

3. _____

4. _____

5. _____

Office use only:

Sponsorship Received: ___ Check# _____ ___ Cash

Fundraiser Money Received: ___ Check# _____ ___ Cash

Point Form Received: