

2008 – San Diego Armada Rugby Football Club Enrollment Application

San Diego Armada Rugby Football Club
1010 University Avenue, Suite #1678
San Diego, CA 92103-3395
Website: www.sdarmada.org

USA Rugby-CIPP# _____ 2005. If you do not have a CIPP number please leave blank.

Last Name: _____ First: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail address: _____@_____ (San Diego Armada Rugby Football Club
correspondence only - No solicitations. We will not give or sell any information from this form.)

Date of Birth: ____/____/_____

Crew Membership = Associate Membership.....\$50.00
Associate Membership (intended for non-voting/ social members -- friends, family, geographically separated Alumni).

Check Number # _____

I hereby affirm that the above information is true and correct, and that I have read and agree to the terms of the waiver on the second page of this packet.

Signature: _____ **Date:** _____

Parent/Guardian Signature if under 18 yrs: _____ **Date:** _____

Send (or bring) signed original to San Diego Armada Rugby Football Club. Keep a copy for your records.