



Fernie Nordic Society

2016-2017 Race Team Application Form



≈ Please fill in the information for each applicant to the race team

Applicant 1

Applicant 2

First Name

Last Name

Date of Birth (DD-MM-YEAR)

BC Care Card

Medical Concerns & Allergies

≈ For all applicants

Emergency Contact

Phone Number

Notes

Please forward this completed form to coach Jeff Williams

by mail P.O. Box 843, Fernie, BC V0B 1M0

by email raceteam@fernienordic.com

For Office Use Only

J _____

B _____
