

Received _____
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2009-2010 IEL SCHOOL MEMBERSHIP FORM

Mail to: IEL, 11333 Moorpark St. #204, Studio City, CA 91602
Attn: Sharon Liveten

Please fill out this form completely and return with the membership fee of **\$150** to address above.
FORMS POSTMARKED AFTER OCTOBER 1 WILL BE CHARGED A \$25 LATE FEE.

School: _____

Address: _____

City/State: _____ Zip Code: _____

School Phone Number: _____

School Official: _____

School Official Signature: _____

E-mail address: _____

SCHOOL INSURANCE INFORMATION: (If you do NOT have insurance coverage, please enclose an additional \$200 in order to receive coverage under the IEL insurance policy for the season.)

Insurance Company: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Policy Number: _____

TEAM REPRESENTATIVE INFORMATION: (Person who will be responsible for all communication between riders and IEL; must be over the age of 21.)

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone (home): _____ (work) _____

E-mail address: _____

Team Representative Signature: _____