

Received \_\_\_\_\_  
# \_\_\_\_\_ \$ \_\_\_\_\_



## 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: \_\_\_\_\_