



APPLICATION FOR RANGERETTES/WRANGLERS ORGANIZATION

Name: _____ Date of Birth: _____
Street Address: _____
City: _____ Zip Code: _____
Home Phone: _____

Father's Name: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Mother's Name: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

We, as parents, give permission to our above named child to become a member of the Rangerettes/Wranglers Organization, and understand as parents that we agree to comply with the rules as stated in the Rule Book for our child.

PARENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____