



CBC Membership Scholarship

Casper Boxing Club and its affiliates (All American Center)

Today's Date: _____
MM/DD/YY

Parent's Name/Print: _____
Last First

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Gender: M/F

Phone: _____ US Citizen: _____ YES _____ NO

Ethnicity - Please Circle all that apply;

Caucasian, African American, Native American, Hispanic, Asian, Other _____

Emergency Contact: _____
Name/Relationship Phone Number

Child's Name/Print	Gender	Birthdate	Age	Grade
1) _____	M/F	_____	_____	_____
2) _____	M/F	_____	_____	_____
3) _____	M/F	_____	_____	_____
4) _____	M/F	_____	_____	_____

Membership Type: (Please Check One)

_____ Single Participant/Youth (7-17)

_____ Family Participants

Family Monthly Income: _____

Family Size: _____



Membership Fee \$35 per member

Are you able to pay the monthly fee: Yes/NO

If NO, please explain: _____

All Scholarships will be reviewed and considered based on need, and/or sliding monthly fee scale depending on family size and income.