

# **WATER-OAK CIRCLE of SPORTS**

## **Membership Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Dues: \$15.00 / year

Paid: Cash \_\_\_\_\_ Check # \_\_\_\_\_

To Remit by Mail to:

Water-Oak Circle of Sports  
P.O. Box 398  
Watertown, CT 06795