



# GMDD New Skater Application

Name: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth (you MUST be 21 to join GMDD): \_\_\_\_\_

Do you have a computer with Internet access? \_\_\_\_\_

If not, can you access the Internet on a regular basis? \_\_\_\_\_

Please describe any previous skating experience:

\_\_\_\_\_

Please describe your previous and current sports/fitness experience:

\_\_\_\_\_

\_\_\_\_\_

GMDD is skater owned and operated, and everyone is expected to contribute to its success. Please describe the non-skating strengths you would bring to GMDD:

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about you or your experience?

\_\_\_\_\_

\_\_\_\_\_

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

Printed name: \_\_\_\_\_