## Vermont Horseshoe Pitchers Association Membership Application

NHPA #(If	known)		
Last Name	First Name_		
Mailing Address			
City	State	Zip Code	
Telephone Number (Home)	(	(Cell)	
Player Group: Male (18+) Jr. Boy (18 or under the entire year Cadet Boy (12 or under the entire	ear)30' Jr. Girl (18 or		:0
Years of NHPA if known	e Dues \$4.00, SF \$1.00 secutive years as a memb	\$30.00	
E-Mail Address			
	line-ups. Line-ups and res	tact you for announcements and so ults can also be found on Facebook	
DO YOU REQUIRE A PHONE O		R TOURNAMENT PLAYING	
Make checks payable to VTHPA Brianna McCormick 721 Jerusal	• •	on along with your check to:	
	ns call/text: Brianna McCo	ormick, Sec/Treas, (802)989-9780	
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