

Ocean City Surf Club



Youth Patrol

Name _____

Address _____

City _____ ST _____ Zip _____

Phone Number _____

E-mail _____

Age _____ School _____

Mother's Name _____

Phone Number _____

E-mail _____

Father's name _____

Phone Number _____

E-mail _____

Notes :

Please send this form to :

Ocean City Surf Club

PO Box 4752 Ocean City MD 21843