## Central Oregon Sk8 Share centraloregonsk8share@gmail.com

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## **Application**

DATE :	FIRST NAME:			AGE:		HEIGH	GHT:	
CONTACT INF	0:							
REFERRAL MA	ADE BY (Name and Organ	ization's Nam	ne):					
SKATE STYLE (	circle one or multiple):	STREET	VERT	TRANSITION	PARKS		TRANSPO	RTATION
DECK SIZE PRE	EFERENCE (If applicable):		HELMET	SIZE (circle one):	Youth or XS	SM	MED	LG
Please write a	few sentences about yo	urself, why yo	ou want a sk	ateboard and wh	at you are goin	g to do	with it:	