



# 2011- 2012 Chilly's Cub Club Registration Form



Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Child's Birthday \_\_\_/\_\_\_/\_\_\_

Parent's Email \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

**Membership Level** \_\_\_\_\_

**Total Memberships** \_\_\_\_\_

**Total Cost** \_\_\_\_\_

Would you like to be signed up for the Chilly's Reading Club too?

Yes \_\_\_\_\_ No \_\_\_\_\_

\* Please make checks payable to: Knoxville Ice Bears\*

Please return order form to:

Knoxville Ice Bears  
Attn: Jordan Halverson  
500 Howard Baker Jr. Dr.  
Knoxville, TN 37915

OR

Fax to (865) 521-9725