



Darin Bailey, Treasurer

103 West Petersen Dr.

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Name		Birthdate	Age
Address		City	State
Home Phone	Work Phone	Cell Phone	
mail Address #1		Email Address #2	
IHSA ID No (5 digits)			

IHSA Sport and Registered Level

Check either "X" (Registered), "R" (Recognized), or "C" (Certified)

Baseball			Basketball			Softball			Soccer		
X	R	C	X	R	C	X	R	C	X	R	C

Signature	Date

Membership fee is \$25. Make checks payable to the RVOA.

Please mail to:

Darin Bailey
 103 West Petersen Dr.
 Ashkum IL 60911