



LIGHTNING SPIKES TRACK CLUB PARENT PROFILE

NAME: _____

MOTHER

FATHER

ADDRESS: _____

PHONE NUMBERS

CELL PHONE: _____ / _____ WORK PHONE: _____ / _____

HOME PHONE: _____ / _____

BIRTHDAY: _____ / _____ / _____

MOTHER

FATHER

ANNIVERSARY: _____ / _____

ATHLETE NAME: _____

DO YOU HAVE ANY SPECIAL TALENTS OR AREA (S) OF INTEREST THAT WOULD ENHANCE OUR CLUB?

PLEASE FILL OUT THE SURVEY BELOW AND YOU WILL BE CONTACTED WHEN AN OPPORTUNITY ARISES IN WHICH YOUR EXPERTISE IS NEEDED.

____ GRANT WRITING ____ SEWING ____ MUSIC (DJ) ____ FITNESS TRAINING

____ PUBLIC SPEAKING ____ GRAPHIC ART ____ WOODWORKING

____ COMPUTER SKILLS ____ DECORATING FOR EVENTS ____ LEADERSHIP

____ PHOTOGRAPHY/VIDEO ____ FUND RAISING ____ ADVERTISEMENT BOOKLET

____ OTHER

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR TALENTS.
