



TEAM ILLINOIS CHEER
Booster Club

2018-2019 MEMBERSHIP
Registration Form

Parents Name(s): _____

Address: _____

City, State, Zip Code: _____

Phone#: _____

Cell Phone#: _____

E-Mail Address: _____

Emergency Contact Person for Events: _____

Emergency Contact Phone#: _____

Athletes Name(s)/Team/Birthday:

1. _____ Team: _____ DOB: _____

2. _____ Team: _____ DOB: _____

3. _____ Team: _____ DOB: _____

Total Due:

Early Bird Rate- \$45.00 per athlete Cash_____ Check#_____ Credit_____

After May 1, 2018- \$50.00 per athlete Cash_____ Check#_____ Credit_____

Are you interested in working Toyota Park/Chicagoland Speedway events: Yes_____ No_____

_____ **Yes**, please include my information in the Team Illinois Booster Club Directory

_____ **Do Not Include** my information in the Team Illinois Booster Club Directory