



BOOSTER CLUB

MEMBERSHIP/ATHLETE

INFO FORM

Please select a Membership Level.

**NOTE: Credit card payments can be made. Temeka Fernandez and Kim Windon can accept credit card payments in person, or payments can be made via PayPal. Parents will be responsible for the processing fee, which is indicated below with an asterisk.*

MEMBERSHIP LEVEL	FEE	INCLUDES
<input type="checkbox"/> Premium	\$125/ * \$129.05	Includes: 1) Athlete ticket to end of season banquet, 2) Nationals Competition gifts, and 3) Allows athlete to participate in fundraising activities. [PayPal: https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=BM3L62HXKANU2]
<input type="checkbox"/> Premium/Sibling	\$105/ * 108.45	Sibling rate applies to 2nd or 3rd enrolled premium member from the same family. Receives above benefits. [PayPal: https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=5KB7QDEUR7DME]
<input type="checkbox"/> Basic	\$15/ * 15.76	1) Allows athlete to participate in fundraising activities. [PayPal: https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=JKTXGVKH4LU8Y]
<input type="checkbox"/> Team Mom Roster & Size Information Only	\$0	Athlete does NOT receive Booster gifts. Athlete is not allowed to participate in fundraising. (SIZE INFORMATION IS NEEDED TO ASSIST TEAM MOMS WITH SOME COMPETITION AWARDS – e.g. t-shirts and jackets)

My athlete is the following type of team:

All-star Competition Cheer Dance Prep Show Special Needs

ATHLETE INFORMATION

Athlete's Last Name: _____ First Name: _____

Athlete's Team Name(s): _____ / _____

Sizes for Nationals Competition Gifts (if needed):

t-shirt: YS YM YL AS AM AL AXL jackets: YS YM YL AS AM AL AXL

sweatshirt: YS YM YL AS AM AL AXL hoodies: YS YM YL AS AM AL AXL

bottoms: YS YM YL AS AM AL AXL

PARENT INFORMATION

Guardian 1/Mother's Name: _____ Cell: _____

E-mail (best contact): _____

Guardian 2/Father's Name: _____ Cell: _____

E-mail (best contact): _____

FOR BOOSTER CLUB USE ONLY

Payment Type: Cash _____ Check# _____ Credit _____

Payment Received By (Signature): _____ Date _____

Additional information: _____