

EAST COAST XTREME CHEER BOOSTER CLUB

APPLICATION FOR MEMBERSHIP 2017-2018

Date: _____

Member Name (must be 18 years or older): _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Alternate Email Address: _____

Athlete's Name "Associate Booster Club Member" (List all athletes): _____

Membership Type:

- \$30.00 for each athlete

Voting Primary Member/Gaurdian: _____

Signature: _____

Date: _____

-
- \$30.00 for additional athlete

Voting Primary Member/Gaurdian: _____

Signature: _____

Date: _____

For office use only

- Participation Agreement on file

- Financial Agreement on file

- Membership Dues Paid

Method of Payment:

- Cash

- Check: _____

Signature: _____

Date: _____

Signature: _____

Date: _____