

Vista Ridge High School
ATHLETIC BOOSTER CLUB

MEMBERSHIP 201__-201__

Name: _____

Primary Contact Number: _____

Email: _____

Name: _____

Primary Contact Number: _____

Email: _____

Preference for receiving information regarding the Booster Club

Email _____ Text to Cell# _____

Other _____

Student Name: _____ Grade: _____

Sport(s): _____

Student Name: _____ Grade: _____

Sport(s): _____

Student Name: _____ Grade: _____

Sport(s): _____

Membership Fee is \$15 per family

Paid: Cash _____ Check _____ Check# _____

Date Received: _____

Please make checks payable to VRHS Athletic Booster Club