

**2015-2016
CVA BOOSTER CLUB
MEMBERSHIP FORM
\$20.00 PER FAMILY**

Name: _____

Email Address: _____

Best Contact #: _____

Student Name: _____

Grade: _____ **Sport(s)** _____

Student Name: _____

Grade: _____ **Sport(s)** _____

Student Name: _____

Grade: _____ **Sport(s)** _____

Ideas/Comments/Area of interest of volunteering:

Paid: Check # _____ **Cash** _____

Received From: _____