

Booster Club Membership Registration Form

**PLEASE COMPLETE THIS FORM. WE LOOK FORWARD TO HAVING YOU BE PART OF THE
VVCS BOOSTER CLUB!**

Please provide the following contact information:

A Booster Club Officer will contact you soon after submitting this form.

Your info will be shared with no one other than the Booster Club officers. Thank You.

Name	<input type="text"/>		
Street Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		
Zip Code	<input type="text"/>		
Cell Phone	<input type="text"/>		
Home Phone	<input type="text"/>		
E-mail	<input type="text"/>		
Children's Names	<input type="text"/>	Grade	<input type="text"/>
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Children's Names	<input type="text"/>	Grade	<input type="text"/>

Would you be willing to help with our snack bar operations? >> Yes

**Please select the sports that your children are participating in.
Please select all that apply.**

- < Boys Football < Boys Baseball < Boys Basketball < Soccer
 < Track < Girls Volleyball < Girls Softball < Girls Basketball
 < Golf < Cheer < None
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