

Membership Form (2025-2026)
Payment of \$65 Due Upon Membership Submission

| | |
|--------------------------|----------------|
| Parents' Names: | |
| Full Address: | |
| Home Phone: | |
| Mother's Email: | Mother's Cell: |
| Father's Email: | Father's Cell: |
| Emergency Contact Name: | Relationship: |
| Emergency Contact Phone: | |

Student Information (As of 9/1/2025)

| Student Name | M/F | Birthdate | Age | Grade |
|--------------|-----|-----------|-----|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |

- Cash
- Check # _____.
- Venmo