

Membership Form (2026-2027)
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 9/1/2026)

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

- Cash
- Check # _____.
- Venmo