

Calvary Christian School
Athletic Booster Club
2011-2012 Membership Enrollment

Name: _____

Address: _____

Telephone(s): _____

E-mail: _____ (receive e-mail event reminders)

Membership Type:

Family Membership _____

Single Parent Membership _____

Grandparent Membership _____

Alumni Membership _____

Student Only Membership _____

Payment Type: _____ **Check (check # _____)**

Make checks payable to: Calvary Christian Athletic Booster Club.

_____ **Cash**

_____ **Credit/Debit Card**

Received By: _____