

2014 Lady Eagle Volleyball Booster Club Membership Application

Membership Cost: \$75

(Includes immediate family)

Payment: Cash: Check (payable to Lady Eagles Booster Club)

Name(s): _____

Player Name(s): _____

Address: _____

E-mail Address: _____

Home Phone: _____

Work Phone(s): _____

----- (detach here) -----

2014 Lady Eagle Volleyball Booster Club Membership Receipt

Name: _____

Cost of Membership: \$75

Payment: Cash: Check (payable to Lady Eagles Booster Club)

Signature of Receipt: _____