

MacArthur Spirit Booster Club

2010-2011 Family Membership Application

Student(s) Full Name _____
(Please Print)

Spirit Group(s) _____ Grade(s) _____
(Brahmadoras, Lassies, Bairns, Varsity Cheer, JV Cheer, FR Cheer)

Address _____ Zip _____

Home Phone: _____ Student's phone: _____

Mother _____ Father _____

Address _____ Address _____
(if different) (if different)

Employer _____ Employer _____

Occupation _____ Occupation _____

Work # _____ Work # _____

Cell # _____ Cell # _____

Email _____ Email _____

Other immediate family members living in the same household.

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Dues are \$25.00 per family (household) per year

- Yes, include our information in the Spirit Club Directory.
- No, do not include our information in the Spirit Club Directory.

Parent Signature _____
(This is required in order to comply with the Texas Open Records Act)

Mail to: MacArthur Spirit Club, P.O. Box 171334, San Antonio, TX 78217-1334

For Office Use Only

Paid by: Cash Check # _____ Date Paid _____