

MacArthur Spirit Booster Club

2008 - 2009

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/Guardian _____ Father/Guardian _____

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

Occupation _____ Occupation _____

Work # _____ Work # _____

Cell Phone _____ Cell Phone _____

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)

For Office Use Only

Paid by: ___ Cash or Check # _____ Date _____