PERMIAN HIGH SCHOOL VOLLEYBALL BOOSTER CLUB
PHSVBC MEMBERSHIP FORM
2022 - 2023 SEASON

ATHLETE NAME: _____

MEMBER NAME: _____

MEMBER ADDRESS: _____

MEMBER PHONE: _____ **TEXT OK? Y / N**

MEMBER EMAIL: _____

PROGRAM FEES

		QTY	TOTAL
INDIVIDUAL MEMBERSHIP	$ 25.00	_____	_____
FAMILY MEMBERSHIP * *2 votes*	$ 40.00	_____	_____
LARGE VOLLEYBALL DECAL	$ 10.00	_____	_____
	TOTAL		_____

COMMITTEES

I am interested in serving on the following committees:

CONCESSIONS	_____	**FOOD / SNACKS**	_____	**GOLF TOURNAMENT**	_____
DECORATING	_____	**SENIOR NIGHT**	_____	**AD BOOK**	_____
TEACHER NIGHT	_____	**BANQUET**	_____	**NOT SURE BUT WILLING TO HELP SOMEWHERE**	_____

PLEASE MAKE ALL CHECKS PAYABLE TO : PHSVBC
All MAJOR CREDIT CARDS ACCEPTED

PAID BY: _____ **CASH** _____ **CHECK** _____ **CC**

_____ **CHECK#**