



LOJO VOLLEYBALL BOOSTER CLUB

PARENT(S) NAME(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

HOME # _____ CELL # _____

PLAYER NAME: _____

PLAYER #: _____ SQUAD: _____

PLAYER NAME: _____

PLAYER #: _____ SQUAD: _____

FAMILY MEMBERSHIP DUES: \$ 30.00

TOTAL SPIRT MERCHANDISE ORDER: _____

TOTAL AMOUNT DUE: \$ _____

PAID CHECK #: _____

MAKE CHECKS PAYABLE TO: LOJO VOLLEYBALL BOOSTER CLUB