**2025 SPHS Volleyball Membership Order Form**

**Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team (please circle one): Varsity JV Flex Freshman**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Cost** | **Quantity** | **Total $** |
| **Booster Club Membership 2024-2025** |  |  |  |
| Individual Membership | $25.00 |  |  |
| Family Membership \*\*INCLUDES 2 FREE SEAT CUSHION\*\* | $50.00 |  |  |
| Member Name(s): |  |  |  |
| Address: |  |  |  |
| E-Mail Address: |  |  |  |
| Contact Phone Number(s): |  |  |  |
| Cell Number(s): |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Tax-Deductible Donation*** | $ |
| **TOTAL DUE \*$20 fee + amount of check will be collected for all RETURNED checks \*** | $ |

Please make checks payable to: “***SPHS Volleyball Booster Club”***

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORDER RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** CASH VISA