



SUMMER SHOW MEMBERSHIP DUES

Cast Member Name(s): _____

Parent Name: _____

Address: _____

City, State, Zip: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Email: _____

I (we) agree to pay Saline Varsity Blues Membership dues in the amount of \$75.00.

I (we) understand that no refunds for dues will be issued to our family, in the event that I (we) elect to terminate membership or are expelled from Saline Varsity Blues.

Membership dues are to be paid in full by April 21, 2017. Any families having difficulty meeting the financial commitment should contact Beth Culey, Treasurer of the Board of Directors, to work out an extended payment schedule.

Please complete the following:

I am paying membership dues in full.

I agree to pay a deposit of \$ _____ today
and the balance by (date) _____.

Remember, Varsity Blues is a non-profit organization, so your dues are tax deductible.

Please Print: Name

Signature

Date

FOR OFFICE USE ONLY

Payment Received Check #: _____ VBB Initials: _____

Notes: