



HOLIDAY SHOW MEMBERSHIP DUES

Parent Name: _____

Address: _____

City, State, Zip: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Email: _____

Cast Member Name(s): _____

Gender: _____ Grade: _____

I (we) agree to pay Saline Varsity Blues Membership dues in the amount of \$65.00 per cast member.

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 October 30, 2018. Any families having difficulty meeting the financial commitment should contact Jenni Lindemann, VB, to work out an extended payment schedule.

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

Please complete the following:

I am paying membership dues in full.

I agree to pay a deposit of \$ _____ today and the balance as scheduled below.

I also understand that membership dues will be paid in full by October 30, 2018.

Amount: \$ _____ by (date) _____

Amount: \$ _____ by (date) _____

Please Print: Name

Signature

Date

FOR OFFICE USE ONLY

Payment Received Check # : _____ VBB Initials: _____

Notes: