

SUMMER SHOW MEMBERSHIP DUES

Cast Member Name(s):		
Parent Name:		
Address:		
City, State, Zip:		
Parent Home Phone:	Parent Ce	ll Phone:
Parent Email:		
I (we) agree to pay Saline Varsity Blue show shirt is included in your dues, ple	-	
I (we) understand that no refunds for delect to terminate membership or are experience.		• '
Membership dues are to be paid in I commitment should contact Beth Cule extended payment schedule.	•	•
☐ Medium ☐ Large	ADULT: Small Medium Large Extra Large	
Remember, Varsity Blues is a non-pro	fit organization, so yo	ur dues are tax deductible.
Printed Name		
Signature		Date
FO	OR OFFICE USE ONLY	7
☐ Payment Received Check #:	:	VBB Initials: