



**2019 SUMMER SHOW MEMBERSHIP DUES**

Cast Member Name(s): \_\_\_\_\_

Cast: JV \_\_\_\_\_ KC \_\_\_\_\_

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 \$85.00.

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 at the Parent Meeting.** Any families having difficulty meeting the financial commitment should contact Jennifer Lindemann, Saline Varsity Blues Treasurer, to work out an extended payment schedule.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Payment Received

Check #: \_\_\_\_\_

VBB Initials: \_\_\_\_\_