

ATHLETIC BOOSTER CLUB MEMBERSHIP FORM



RVHS ATHLETICS

Member First and Last Name: _____

Member Contact Phone#: _____

Member Email Address: _____

Name of Student: _____

Student #: _____

Please list the sport you are supporting: _____

Signature: _____ Date: _____

Membership Fee - \$25 cash Receipt and Membership Codes will be

Receipt# _____

Membership Code# _____

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