

MSOD Booster Club Enrollment Form

Student's Name: _____

Date of Enrollment: _____

Class Day(s) _____ Class Time(s) _____

Parent's Name: _____

Address: _____

Contact Phone Number: _____

Circle One: Cell Home Work

Email Address: _____

Would you like to set up an individual account for each student or would you like a family account?

Individual _____ Family _____

Provide events that you would be interested in participating in:

Please provide the above information with your \$20.00 enrollment fee (cash or check) and put it in the MSOD Booster Club Box in the lobby.

Thank you,

MSOD Booster Club