

**Stafford Athletic Parent's Organization 2021-2022
Membership Form
(Please print)**

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Cell Home _____ Birth Date (month/day) _____

Email Address _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Cell Home _____ Birth Date (month/day) _____

Email Address _____

Athlete Information

Last Name _____ First Name _____

Sport _____ Grade _____

Last Name _____ First Name _____

Sport _____ Grade _____

Last Name _____ First Name _____

Sport _____ Grade _____

*****For Office Use Only*****

Amount Paid _____ Cash _____ Check _____ Cash App _____

_____ (revised 8-17-2021)