

**Stafford MSD Athletics Booster Club 2023-2024
Membership Form
(Please print)**

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Athlete Information

Last Name _____ First Name _____

Sport _____ Grade _____

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 ___

