

2019-2020 CCA Booster Membership Form

#Thiscouldbeyou

Cheerleader Name(s): _		_T-Shirt/Youth/	Adult :	Size:
Parent(s) Name:				
Address:				
City, State, Zip:			_	
Email:				
Phone: Home:Cell:				
Would you like to work	any fundraising events?	YES	NO	
Does your place of emp Please circle: YES	loyment donate (in kind/m	onetary) to any	non-profit or	ganizations?
If YES, please list place of	of employment:			
	·	Membership Fee	<u>:</u>	
	•	r one child		
	\$55 (2 or i	more athletes)	
	**\$5 late fee if paid	after time of e	evaluations	
(Pay by	y check, CASHAPP, or C	redit Card (**	additional f	ees apply)
THIS FEE CAN O	NLY BE PAID TO THE BOOSTI	R CLUB. PLEASE	DO NOT CON	IBINE IT WITH ANY
	FEES PAID	TO THE GYM!		
· <u></u>	closed a check for our CCA		bership:	
Make	checks payable to: CCA Bo	oster Club		
Please o	charge my card that has be	en provided to	the gym for	my family membership
	You will be issued a	receipt along p	payment.	
Your donation may be tax deductible. The IRS has determined that certain types of donations to				
	are tax deductible. Please	•		
eligibility. Th	ne Cheer Challenge Booste			organization.
	The Federal Tax ID			
******	********Office Use Only	*******	*****	******
Amt. Paid:	_Payment Method: Cash,C	heck,CASH APF	or Credit Ca	rd:
Taken by:	Date Re	::		
Receipt Issued:	T-Shirt Issued:	End of The Ye	ear Gift giver	out: