

MTC Booster Club Annual Registration Form

Family Membership Name _____

Student Name(s) _____

Parent Names (Only if under 18. Please put the names of all parents authorized to access this account.)

Address _____

City _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Email _____

Check here if you want to receive Booster Club information via email.

Signature _____ (Parent signature required, if student(s) are under 18.)

Booster Club Use Only

Annual Membership
\$5.00 per student
(max. \$15.00)

Students _____

X \$5.00 = _____

Payment

Check # _____

Cash _____

Other _____

Date Payment
Received
