

# **2011-2012 EGO Booster Club, Inc. Membership Information**

**Membership is MANDATORY for all Orlando Metro competitive gymnasts**

Annual dues are \$50.00 per family. Make check payable to - EGO Booster Club, Inc.

**GYMNAST'S LAST NAME:** \_\_\_\_\_

<b>GYMNAST'S FIRST NAME:</b>	<b>M/F</b>	<b>BIRTH DATE</b>	<b>TEAM LEVEL &amp; GYM LOCATION</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOME PHONE WITH AREA CODE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MOTHER'S NAME (FIRST & LAST):** \_\_\_\_\_

\*\*\*IMPORTANT - ( If last name is different than gymnast, please include full name)

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**CELL NUMBER WITH AREA CODE:** \_\_\_\_\_

**WORK NUMBER WITH AREA CODE:** \_\_\_\_\_

**FATHER'S NAME (FIRST & LAST):** \_\_\_\_\_

\*\*\*IMPORTANT - (If last name is different than gymnast, please include full name)

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**CELL NUMBER WITH AREA CODE:** \_\_\_\_\_

**WORK NUMBER WITH AREA CODE:** \_\_\_\_\_

**PRIMARY EMAIL:** \_\_\_\_\_ **GYMNAST'S EMAIL:** \_\_\_\_\_

**MOTHER'S EMAIL:** \_\_\_\_\_ **FATHER'S EMAIL:** \_\_\_\_\_

**OTHER FAMILY MEMBER'S NAME (FIRST & LAST):** \_\_\_\_\_

\*\*\* (Please Include any immediate family members that may work throughout the year)

## **DEADLINES & IMPORTANT INFORMATION:**

**FORMS AND PAYMENT MUST BE RETURNED WITH PAYMENT BY AUGUST 1ST TO PARTICIPATE IN ANY EGO BOOSTER CLUB EVENTS**

\*\*\*This includes Sand Dollar/Whitlow, Ads, Jungle Gym, City of Lights, (Any meets the EGO Booster Club participates), Leo Sale, Baskets, Regional/National Fund, Annual Fundraisers, and Discounted Banquet Tickets\*\*\*

\*\*\*Information included on this form will be added to the Annual Membership Directory\*\*\*

\*\*\*Information does not carry over from previous year, please include ALL information you wish to be included\*\*\*

\*\*\*New Team Members will have 30 Days from enrollment to join the EGO Booster Club and receive benefits\*\*\*

**PLEASE TURN IN FORMS AND PAYMENT TO THE FOLDER OF KATHERINE DAVIS-MEMBERSHIP CHAIRPERSON**

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