

**EEG Booster Club**  
**2010-2011 Membership Information**  
**Annual dues are \$100.00 per family**  
**Membership is MANDATORY for all Elite Energy competitive gymnasts**  
**Make check payable to – EEG Boosters**

GYMNAST'S LAST NAME \_\_\_\_\_

GYMNAST'S FIRST NAME	M/F	DOB	TEAM LEVEL

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

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

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

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

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

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

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

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

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

OTHER FAMILY MEMBER'S NAME: \_\_\_\_\_

\*\*Please include any immediate family members that may work throughout the year

EMAIL ADDRESSES: \_\_\_\_\_

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

DEADLINES & IMPORTANT INFORMATION:

**\*\*\*Form must be turned in by June 1<sup>st</sup>!**

**\*\*\*New Team Members will have 30 days from enrollment to join the EEG Booster Club and receive benefits. Please place this completed form and your check in Rhonda Maupin's (Booster Club President) box**

**THANK YOU**