



ENROLLMENT FORM

ENROLLMENT DATE: _____

SINGLE ENROLLMENT \$15

JOINT ENROLLMENT \$25

(one additional family member in the same household)

1ST CONTACT INFORMATION

FIRST & LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1st CONTACT PHONE: _____

1st CONTACT EMAIL: _____

2ND CONTACT INFORMATION

FIRST & LAST NAME: _____

2nd CONTACT PHONE: _____

2nd CONTACT EMAIL: _____

Please list all EVHS

Students, Grade Level & ALL Club/Sports (Please write on back if more room needed):

Student Name / Grade _____ Student Name / Grade _____

List Clubs/Sports _____ List Clubs/Sports _____

I am interested in making an additional donation in the amount of \$ _____
for the following club/sport(s) _____.

Pay with check/cash or ONLINE at <https://squareup.com/store/evhs-booster-club>

AND return form and payment to EVHS Office, c/o EVHS Booster Club.



Questions? Email us at KnightBoosterClub@gmail.com



East Valley High School Booster Club