



MT. CALVARY ATHLETIC CLUB 2020 MEMBERSHIP

Please make checks payable to Mt. Calvary Athletic Club and mail your check and this form to: Mt. Calvary Athletic Club; PO Box 11; Mt. Calvary, WI 53057

FAMILY NAME: _____

ADDRESS: _____

CITY: _____ WI ZIP: _____

PHONE: _____ EMAIL: _____

MEMBERSHIP @ \$10 (Per Family per Year) \$_____

LIFETIME MEMBERSHIP @ \$250 (One Time Fee) \$_____

OTHER DONATION \$_____

How many children reside in your household and what are their names and ages? # of kids _____

CHILD'S NAME	AGE	BOY	GIRL

If you have a child playing in any sport you will be scheduled to work a minimum of two shifts per child in the concession stand on a game night/day. You will be responsible for finding a replacement or switching shifts if you are not available at your assigned time.

For Office Use Only
Paid CASH / Check #
\$ 10 Membership Fee <input type="checkbox"/>
Check# _____