



2019-2020 Cavalier Booster Club Membership Application

Parent name: _____

Phone: _____ Alt. Phone: _____

E-mail address: _____

Parent name: _____

Phone: _____ Alt. Phone: _____

E-mail address: _____

Cavalier's Name: _____ Phone: _____

Cavalier's e-mail address: _____

Cavalier's Classification as of Fall 2019 (circle one)

Senior

Junior

Sophomore

Freshman

\$25.00 per family | Check payable to: Clear Creek Cavalier Booster Club or CCCBC

Please note: Only one vote for every paid membership in elections- **to vote you must be a member by November 1, 2019.** Please return today to Robin Davis (CCCBC Treasurer).

My signature below grants permission to the CCCBC to use photos of me and/or my Cavalier on the CCCBC website.

Signature: _____

Date: _____

Thank you!

April Bivens | Secretary 2018-19

atbivens@me.com

281-785-4142

Tori LoCoco | President 2018-19

tlococo@comcast.net

713-818-1220
