CDWUAS Boosters Yearly Registration Form If you have any questions on the information listed below or need any assistance please do not hesitate to ask!

•	v. Please be sure that the \$10.00 check for your yearly membership is made payable ncluded with this form. Membership will run from July 1st through June 30th.
Please check one: () Cash () Check () Deduct the \$10 from the first yearly fundraiser The funds and completed form are to be placed in our locked mailbox located by the front desk at the studio.	
ATHLETE NAME:	
PARENT NAME and CONTACT INFORMAT	ION (please provide all contact information - phone/email/other):
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Are you on CDW Band and/or UAS Band A	App (YES / NO – If No, would you like to be added?):
Do you have Facebook?	Booster Club
What fundraisers are you interested in pa	articipating in and/or volunteering to help with?
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Other important information that would	be helpful for the CDWUAS Boosters:
Boosters liable or pursue legal action again	by or any activities related to the CDWUAS Boosters I promise not to hold the CDWUAS inst the CDWUAS Boosters. By signing this agreement, I (and all parties to this agreement) pletely harmless, including financial responsibility for any injuries sustained, regardless of
Signed By:	Date: