

Membership Form

Our membership is a service organization that is comprised of parents and staff. We support gymnastics and related athletics. Boosters is Everyone!



Booster Club, Inc.

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Gymnast Name: _____

Date of Birth: _____

Gymnast Name: _____

Date of Birth: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Phone: Home _____

Phone: Home _____

Cell _____

Cell _____

Work _____

Work _____

Email _____

Email _____

Annual Membership Dues

_____ \$60 for one gymnast

_____ \$30 per additional gymnast

_____ Total

Please make checks payable to STARS Gymnastics Booster Club.

The STARS Gymnastics Booster Club of Tampa publishes and distributes a Membership Directory to its members only. Please initial on the appropriate line to indicate whether you give permission to publish your family's information in the directory.

Yes, I give permission

No, I do not give permission

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For Office Use Only

Paid by: Cash Check #