

**Mayde Creek Players  
2019-2020 Membership Form**

---

**BASIC INFO. (PLEASE PRINT)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Parents E-mail Address: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

---

**STUDENT SIGNATURE**

*As a student, I understand and agree to abide by the bylaws of the Theatre Company*

Student Signature \_\_\_\_\_

---

**PARENT/GUARDIAN SIGNATURE**

*As a parent, I understand and acknowledge the Mayde Creek Players Bylaws as valid and applicable to my son/daughter. In addition, my son/daughter has permission to attend after school meetings and auditions. I also understand that my son/daughter must complete and turn in a Consent to Random Drug Testing Form and a Parent Authorization to Consent to Treatment of Student Form before my child will be eligible for membership.*

Parent/Guardian Signature \_\_\_\_\_

---

**T-SHIRT**

\_\_\_\_\_ Yes, I want \_\_\_\_\_ official Mayde Creek Players T-Shirt(s)

Circle the size(s): S      M      L      XL      XXL      XXXL

---

**REQUIRED MEMBERSHIP FEE**

\_\_\_\_\_ Option 1) Enclose in an envelope exactly \$40

Cash, Check made payable to **Mayde Creek Players Booster Club**

\_\_\_\_\_ Option 2) Payment Online \$40

---