



2017 - 2018 Membership Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Level:

Red Level (\$100): ____ Black Level (\$50): ____ White Level (under \$50): _____

*Please list your name as you want it to appear on membership roster for recognition banner:

Send check made out to Rocori Booster Club:
Rocori Spartans Booster Club
P.O. Box 343
Cold Spring, MN 56320