

2026 Jr. Chief Player Costs:

Player Name _____

Make checks payable to **Sequoyah Volleyball Booster Club**

Zelle Option: **SequoyahVB@gmail.com**

	Cost	Quantity	Total	Size
Spandex *Purchase on your own Black with only manufacturer logo				
Kneepads *Purchase your own. Any color is fine.				
Game day team T shirt (Mandatory purchase of 1)	12			
Program Dues: Coaches' stipends, tournament and officials' fees, equipment, and program insurance	288	1	288	
		Total		

Parent Name: _____

Parent Email: _____

Parent Emergency number: _____

Payment Type: ____ Check ____ Cash ____ Zelle

Administrator Use only

Date: _____

Check #: _____

Amount: _____