**2024 Jr. Chief Player Costs:**

Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Cost | Quantity | Total | Size |
| **Spandex** (Nike) – Black (optional if already purchased…must not have club logo) \*You can also go and purchase your own. | 25 |  |  |  |
| **Kneepads** (optional if already purchased) \*You can also go and purchase your own. | 22 |  |  |  |
|  |  |  |  |  |
| **Game day team T shirt** (Mandatory purchase of 1) | 12 |  |  |  |
| **Coaches’ stipends, tournament and officals’ fees, and program insurance** | 228 | 1 | 228 |  |
|  |  |  |  |  |
|  |  | Total |  |  |
|  |  |  |  |  |

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Emergency number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Type:** \_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_ Zelle

**Administrator Use only**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_