



Complete this form and mail it to the address below. Please print clearly and complete all the information.

PARENT INFORMATION:

Last Name: _____ First Name(s): _____

Address: _____

Zip Code: _____ Home Phone: _____

Mother's Email: _____

Mother's Work: _____ Mother's Cell: _____

Father's Email: _____

Father's Work: _____ Father's Cell: _____

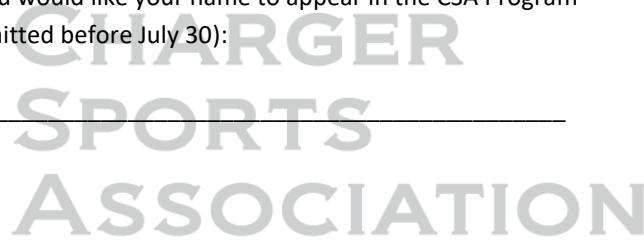
STUDENT INFORMATION:

Last Name	First Name	M/F	Grade	Sport(s)

MEMBERSHIP TYPE:

- Corporate \$ 350
- Elite \$ 200
- Charger \$ 100
- Black \$ 50
- Red \$ 25

How you would like your name to appear in the CSA Program
(if submitted before July 30):



METHOD OF PAYMENT:

Amount \$ _____

Cash

OR

Check # _____ (payable to CSA)

OR

Credit Card: Visa MasterCard American Express Discover

Card Number _____ Exp Date _____ Security Code _____

Name on Card _____ Signature _____

*****You may join CSA at anytime throughout the year!*****

****All Memberships received before July 30, 2019 will be listed in the 2019-2020 Charger All Sports Program****

RETURN COMPLETED APPLICATION AND PAYMENT TO:

Charger Sports Association, c/o Michele Smith 8026 Vantage Dr. San Antonio, TX 78230