



Michigan State Women's Basketball

"TOGETHER WE WILL BE VICTORIOUS"

MVP'S Ball Club Membership Application

(One form per family)

Primary Adult Contact(s): _____ Phone: () _____

Address: _____
Address/Street City ST Zip

We are taking initiative to "GO GREEN" this year and in an effort to do so, we will be sending out MVP information, flyers, contests, etc., through email. If you do not have an email address, then we can mail a hard copy, but we prefer to limit our use of paper as much as we can. We highly encourage all members to join our email list in order to stay informed in a timely manner about news and events of the Women's Basketball Program and the MVP'S Ball Club. **Would you like to join our mailing list via email? YES NO**

Email Address (please print clearly): _____

T-shirt sizes come in adult (A) and youth (Y) sizes (S-XXL). Please mark accordingly.

MVP'S Member Name(s) (first and last)	Age	Grade	Birthday	T-Shirt Size		New Member? (yes or no)
				A:	Y:	
				A:	Y:	
				A:	Y:	
				A:	Y:	
				A:	Y:	

Additional t-shirts for the non-members and parents/legal guardians/friends can be purchased for \$10 per shirt. Sizes range from youth small to extra large and adult small through XXXL. T-shirt orders must be received no later than **October 21st**.

Adult Name (first and last)	T-Shirt Size

PHOTO RELEASE

By signing below, I hereby grant permission to the Michigan State University Women's Basketball Program to use any photo or video my child or I may be present in for the marketing, promotion, and advertisement of the women's basketball program in its entirety. I understand that the Michigan State University Women's Basketball program will only use photographic and/or videographic images for business related purposes and will withhold release of all images to any secondary party unless authorized by the parents and/or legal guardian or as required by state and/or federal law. By signing below, I give my consent to the public release of those images obtained by Michigan State Women's Basketball Program which may contain the child(ren) listed above.

Parent/Legal Guardian Signature: X _____ Date: _____

Number of Memberships	Membership Cost	TOTAL
	\$30	

Number of Adult T-shirts	Adult T-Shirt Cost	TOTAL
	\$10	

GRAND TOTAL	
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CREDIT CARD INFORMATION	
Cardholder Name:	_____
Billing Address:	_____
Circle one:	VISA M/C AMEX DISCOVER
Card Number:	_____
Card Expiration Date:	_____ Verification Code: _____
Total Remittance: \$	_____ Would you like a receipt: Y N
<i>**Any information provided will be shredded after transaction; please do not fax this application if you have provided credit information**</i>	

Please include payment with the application. We accept cash, check, money order, or credit card. Checks and money orders can be made payable to Michigan State Women's Basketball.

Application – with payment – can be mailed to:

Michigan State Women's Basketball
ATTN: MVP'S Ball Club
1 Birch Rd, Suite 110
East Lansing, MI 48824

PH: 517-353-8613
FAX: 517-432-4598
msuwbbhoops@ath.msu.edu
www.msuspartans.com

FOR OFFICE USE ONLY				
Date Rec'd: _____	By: _____	Paid: _____	Check No. _____	Total: _____