RVHS MEDICAL CLUB APPLICATION

*Name:_____________________________________________

*Phone number:_________________________________________

*E-mail Address (Please Print Clearly):
_________________________________________________________________

REMIND: Text 81010 with the message @doctor16
-MAKE SURE TO SIGN UP; THIS IS OUR MAIN MODE OF COMMUNICATION

*Grade: 9 10 11 12

*In one or two sentences, indicate why you want to join Medical Club?

*Do you plan on participating in any sports this year? If so, when?

* What other clubs/activities do you participate in?

*Medical Club t-shirt size (circle your choice)  XS  S  M  L  XL
(mens sizes)

RVHS MEDICAL CLUB has a $20 club fee--t-shirt included, which is payable by cash,
check made out to RVHS, or by online payment:
Category.aspx?categoryid=DB105

CASH AND CHECKS SHOULD BE DIRECTLY HANDED TO MS. HUNTER (ROOM 1517) or
MRS. SOBOTA (ROOM 1507)
Due to Mrs. Hunter or Mrs. Sobota on september 20th by the end of the day