

FVHS/FVRR Scrip New Family Sign-up Form

Please PRINT carefully

Date _____

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State ____ Zip Code _____

Email _____ Phone (____) _____ - _____

Student Name _____

Booster Group _____

Interested in Online Shopping? Yes _____ No _____

(Online ordering is available for those that have established credit by clearing 2 checks in a row.)