



**2015-2016
Athletic Booster Membership Form**
(Membership Valid for 12 months from Date of Application)

Please Print Clearly

Date of Application: _____

Parent Name(s) (*only list paying parents)					
Student Name(s)					
Address					
City and Zip					
Phone	(home)*	(work)	(cell)		
Email (home)*					
Email (work)*					
Membership Donation		_____ \$25.00 per member! _____ New			
Sport(s) to Credit		_____ Other Tax Deductible Donation		<small>Make checks payable to NHS Athletic Booster Club</small> <input type="checkbox"/> Cash <input type="checkbox"/> CK # _____	
Athlete Grade (Check all that apply)		6 th Grade	7 th Grade	8 th Grade	Freshman

* By providing this information, you are authorizing the Club to call and/or email regarding any Athletic Booster Club activities.

I can help in the following areas (please check all that apply):

- Attend** My Son's/Daughter's Sporting Events
- Be A **"Team Parent"** And Help the Coach With:
 - Coordinate Snack-bar Help or help run snack-bar during Sport
 - Communication Between Parents, Players And Coaching Staff
 - Assist With The Planning Of The End Of Season Team Banquet
 - Assist With Fund Raising Events (Car Washes, Shoot-A-Thons, Run-A-Thons, Snack Bars, etc.)
- Solicit** Donations for Fund Raising Events or **Solicit** Corporate Donations
- Sell a Corporate Banner to Raise Funds for Your Athlete's Sport**
- Donate** Product for your Athlete's Snack Bars (Water, Gatorade, Chips, and Snacks)

**Support Your Athletic Booster Club, Get INVOLVED and REAP the REWARDS...
YOUR STUDENT ATHLETE'S SUCCESS!!!**