

CONTACT INFORMATION FOR BOOSTERS

Check which sport(s) you are interested in participating in for next school year

<input type="checkbox"/> GOLF (7-12)	<input type="checkbox"/> FOOTBALL
<input type="checkbox"/> CROSS COUNTRY	<input type="checkbox"/> SOCCER (9-12 only)
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> WRESTLING
<input type="checkbox"/> SOFTBALL (9-12 only)	<input type="checkbox"/> BASEBALL (9-12 only)
<input type="checkbox"/> VOLLEYBALL	<input type="checkbox"/> CHEER
<input type="checkbox"/> TRACK & FIELD (9-12 only)	

PLEASE PRINT LEGIBLY

Athlete's Name _____

2017-2018 Grade _____ Career Center Student? Yes No

Parent/Guardian Name: _____

Best Phone Number to Call: _____

Email Address of Parent: _____