

## 2016-2017 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 \_\_\_\_\_

2016-2017 Grade \_\_\_\_\_ Career Center Student?    Yes    No

Parent/Guardian Name: \_\_\_\_\_

Best Phone Number to Call: \_\_\_\_\_

Email Address of Parent: \_\_\_\_\_