

SPRINGFIELD MIDDLE SCHOOL ATHLETIC BOOSTERS CLUB FORM

2017-2018

If you are interested in being kept up to date on the athletic activities, please complete this form so we can add you to our distribution list. This list will only be used for school/athletic related notifications.

Name(s) (please print) _____

Address: _____

Home Phone _____ **Other phone:** _____

Email Address (es): _____

STUDENT INFORMATION: (complete the information based on the current school year)

Name 1: _____ **Male/Female:** _____ **Grade Yr:** _____

Name 2: _____ **Male/Female:** _____ **Grade Yr:** _____

Name 3: _____ **Male/Female:** _____ **Grade Yr:** _____

Name 4: _____ **Male/Female:** _____ **Grade Yr:** _____

Please mark the areas below where you are willing to help the booster club:

() Booster Member (\$10) Includes- Booster Club Membership with voting rights for the school marked above.

() Donations: \$ ----- Completely Tax Deductible. Please keep a copy of this form for your tax records.

() Will your employer match your donation? Yes () or No ()

() I plan to assist the Booster club by participating in fundraising or volunteer activities

() I'm interested in being a team parent (sports):

() I am interested in serving the booster club as an officer or committee chair

() Other: _____

Please make checks payable to Springfield Middle School Athletic Booster Club (ABS). Forms can be turned in at your student's front office. Thank you for your support of the sports programs and booster club.

To keep these teams on the field/court, we need your assistance and volunteer help!

Payment: Check # _____

Cash: \$ _____