

Wahoo Athletic Booster Club Membership Information

Member(s) Name to be Printed in Programs:

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Student Athletes in Household:

Name:	Grade 7-12:

Membership Support Level

(All memberships are good for one year. August 1-July 31)

Family Membership Options

_____ (\$30) Two-parent Family Membership

_____ (\$15) Single-parent Family Membership

Business Membership Options

_____ (\$75) Business Ad on 1/16 of page _____ (\$250) Business Ad on 1/4 of page

_____ (\$150) Business Ad on 1/8 of page _____ (\$450) Business Ad on 1/2 of page

Membership Referrals:

Is there someone you know that would like to be a Booster Club Member? If so, please list their name or business below. Contact information would be helpful, but not necessary. Thanks!

Total: _____
