



Booster Membership Application

LHS Booster Club

2017-2018

MEMBERSHIP APPLICATION

Parent/Guardian Name(s):	Date:
Address:	Phone: ()
City:	State: Zip:
Email Address:	
Student's Name:	Grade:
Student's Name:	Grade:

CLUB/SPORT DESIGNATION (check applicable club(s) for \$20 designation membership - maximum 2)

<input type="checkbox"/> Baseball	<input type="checkbox"/> Girls Golf	<input type="checkbox"/> Basketball-Boys	<input type="checkbox"/> Basketball-Girls
<input type="checkbox"/> Tennis	<input type="checkbox"/> Boys Golf	<input type="checkbox"/> Soccer-Girls	<input type="checkbox"/> Soccer-Boys
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Track	<input type="checkbox"/> Volleyball-Girls	<input type="checkbox"/> Volleyball-Boys
<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Cross-Country
<input type="checkbox"/> Choir	<input type="checkbox"/> Band	<input type="checkbox"/> Swimming	<input type="checkbox"/> Dance
<input type="checkbox"/> Shooting Sports	<input type="checkbox"/> Drama		
<input type="checkbox"/> Other Club/Sport _____			

MEMBERSHIP FEES

_____ \$30.00 (\$20 will be given to above designated club. Includes Membership Card-good for admission to 1 club event at no charge, excludes any playoffs).
_____ Donate Any Amount and Sponsor a Sport of your choice.
THANK YOU FOR YOUR SUPPORT!
GO ZEBRAS!

**Please return Application with your check payable to:
LHS Booster Club PO Box 763 Lincoln CA 95648**

FOR COMPLETION BY BOOSTER CLUB

\$____.00 _____
 \$____.00 _____
 \$____.00 Total Paid

Date:
 Check #
 Amount:\$
 Cash Amount \$
 Initials: