



2009-2010 Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Please provide information about your children who attend PHS and the sport(s) they play or plan to try out for this year.

Name: _____ Grade: _____ Name: _____ Grade: _____

Sport(s): _____ Sport(s): _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Sport(s): _____ Sport(s): _____

I would like to help with the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Clothing/Spiritwear | <input type="checkbox"/> Spring Mulch Sale |
| <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Sports Banner Program | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Holiday Basketball Tournament | <input type="checkbox"/> 50/50 Dealer | <input type="checkbox"/> Poolesville Day |
| <input type="checkbox"/> Sports Banner Program | <input type="checkbox"/> Hall of Fame | <input type="checkbox"/> No time to help, but call if needed |

Attached is my:

- \$20.00 Individual/Family Membership \$100 Corporate Membership
- \$_____ Donation

We are always looking for people who can provide us (or have contacts with) goods and services at a competitive cost or for promotional consideration. For more information, contact us at phsbooster@gmail.com or at the address below.

Mail this form and check payable to: Poolesville High School Athletic Booster Club
P.O. Box 245
Poolesville, MD 20837

Dues/donations may be tax deductible (see your tax advisor)