

**JAMES BOWIE HIGH SCHOOL
FOOTBALL BOOSTER CLUB
2006-07 MEMBERSHIP APPLICATION**

Booster or Parent Name: _____

Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone: _____

E-Mail Address: _____

ATHLETE INFORMATION

Athlete's Name: _____

Team: Varsity, Jr. Varsity, Freshman (*Please circle one*)

Grade: _____

Athlete's Birthday: _____

MEMBERSHIP

(Please select one)

- FAMILY (\$30.00)
- INDIVIDUAL (\$25.00)
- LIFE TIME (\$60.00)

VOLUNTEER

I am willing to help with the following: (Please select at least one)

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> CONCESSIONS | <input type="checkbox"/> MERCHANDISE SALES | <input type="checkbox"/> SENIOR NIGHT |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> PROGRAM SALES | <input type="checkbox"/> FOOTBALL BANQUET |