



Lampeter-Strasburg School District
Athletic Department

BOOSTER CLUB OFFICERS

PRESIDENT:

Name: _____

Address: _____

Phone #: _____

Email: _____

VICE PRESIDENT:

Name: _____

Address: _____

Phone #: _____

Email: _____

SECRETARY:

Name: _____

Address: _____

Phone #: _____

Email: _____

TREASURER:

Name: _____

Address: _____

Phone #: _____

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