Support the Mead Booster Club today…*it's Easy!*

Please provide your contact information:

_____
Parent's Name(s)

_____
Address

_____
City Zip Code

_____ _____
Phone # Cell #

_____
Email Address Please print legibly

_____ _____
Student-Athlete's Name Grade

_____ _____
Student-Athlete's Name Grade

Please circle which sport(s) or activities your student(s) plans to participate in:

Fall: Football Slow Pitch Softball
Volleyball Boys/Girls Cross Country
Girls Soccer

Winter: Boys/Girls Basketball Gymnastics
Cheerleading Wrestling

Spring: Boys/Girls Tennis Boys/Girls Track
Boys/Girls Golf Boys/Girls Soccer
Baseball Softball

Return this completed form to the main office-
Attn: Booster Club

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