Sherrard Booster Backer



❑ **Returning Booster Backer**- Name_____ Date:_____

Please make us aware if any information has changed from previous years.

Children in the following schools:	**Type of Membership:**	**Would be willing to help with:**
❑ Elementary ❑ Intermediate ❑ Jr. High ❑ High school ❑ N/A	❑ Individual $10.00 ❑ Family $20.00	❑ Concessions ❑ Fundraisers ❑ Tournaments ❑ Other

❑ **New Members: Please fill out the bottom portion**

Name(s)

Street or PO Address

City, St, Zip

E-Mail

Phone

By becoming a booster's member you are supporting the students and activities in the Sherrard school district. Members are not required (although encouraged) to attend booster board meetings, work concessions or commit to other activities. On occasion, the board does need help for special events and looks to current members to ask for volunteers. If you would be willing to volunteer on an as needed basis, please check the projects that you would be willing to help with.
Thank you for supporting the Sherrard Booster Club, Sherrard students and their activities.

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Are you willing to serve on the Booster Board? Yes / No (please circle)