

The NADO Booster Club proudly supports FKHS student-athletes and RMS students in sports and other extracurricular activities!

Our fundamental task is to support education of the whole person through the blending of learning, athletics/activities, services, community and family.

During the 2024-2025 school year the NADO Booster Club provided meals/snacks for RMS AWAY activities and gave each participating student a school pride shirt to wear for game days and performances.

The Boosters awarded over \$10,000 to FKHS Athletics and \$500 in scholarships to Class of 2025 athletes!

We Proudly Support

- Baseball
- Basketball
- Cheer
- Cross Country
- Dance
- Football
- Golf
- Choir*
- Soccer
- Softball
- Swim
- Tennis
- Track
- Volleyball
- Wrestling
- Band*

*RMS Only

2025-2026 Board Members

- Megan Wade- President
- LaKisha Johnson - Vice President
- Carissa Slavin - Treasurer
- Cari Redden - Secretary
- Shanna Brown - USD 445 Rep
- Wade Welch - Athletic Director

Meeting Dates

5:15 FKHS Library	
8/20	1/21
9/17	2/18
10/15	3/25
11/19	4/15
12/17	5/20

Meeting changes will be posted on our FB Page.

The Booster Club is an affiliate of the Coffeyville Area Community Foundation (CACF), which is a 501(c)3 charitable organization. If you prefer not to receive the membership perks, your membership is considered a tax deductible donation. Please be sure to check the appropriate box on your membership form.

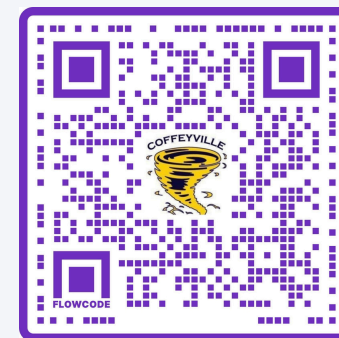
Becoming a Booster Club member is a great way for NADO Alumni to support their Alma Mater!



NADO Booster Club

Proudly Supporting FKHS & RMS

Online Membership and Payment Available



Scan QR Code for Online Payment

MEMBERSHIP

_____ F0 _____ F1 _____ F2 _____ F3 _____ F4 _____ F5
 \$15 \$25 \$75 \$125 \$150 \$300

F0 - \$15
 No Passes Included

F1 - \$25
 Student Pass

F2 - \$75
 Adult Pass

F3 - \$125
 2 Adult Passes
 *NADO Pride Item

F4 - \$150
 2 Adult & 1 Student Pass
 *NADO Pride Item

F5 - \$300
 6 Adult Passes
 *NADO Pride Item

Passes are for Regular Season -
 Home Athletic Events for FKHS & RMS.

Name: _____

Business Name: _____

Recognition in Program: _____

Please List your name exactly as you would like it to appear.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Yes, I accept the complimentary items included with my booster membership.
 No, I do not wish accept the complimentary items included with my booster membership. The full amount of my donation will be deductible in accordance to IRS guidelines.

Please Return to the
 Booster Table or
 Concession Stand at a Home Event
 OR
 Mail To:
 NADO Booster Club
 c/o CACF
 PO Box 635
 Coffeyville, KS 67337

Checks Payable To:
 CACF/NADO Boosters
 Pay By Credit Card Online Only

*Thank
 you!*



For Office Use:
 Received _____ Date _____
 Check # _____ Items Delivered _____