

FAYETTEVILLE HIGH SCHOOL

CHEER BOOSTER CLUB

994 W. MARTIN LUTHER KING BLVD, FAYETTEVILLE, AR 72701

APPLICATION FOR MEMBERSHIP

DATE: _____

ATHLETES NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____ PHONE: _____

MOTHER'S E-MAIL: _____

FATHER'S NAME: _____ PHONE: _____

FATHER'S E-MAIL: _____

MEMBERSHIP FEE: \$25.00

I UNDERSTAND AND AGREE THAT WITH MEMBERSHIP COMES AN OBLIGATION TO MAKE SURE I UNDERSTAND AND FOLLOW THE GUIDELINES, POLICIES AND PROCEDURES OF THE GROUP, VOLUNTEER FOR FUNDRAISING ACTIVITIES OF THE GROUP, AND TO ADVANCE THE MISSION OF THE GROUP.

FURTHER I UNDERSTAND THAT MY MEMBERSHIP IS SUBJECT TO APPROVAL BY THE BOARD.

SIGNATURE