

Sherburne-Earlville Sport Booster

MEMBERSHIP APPLICATION

Applicant Information

Name of Applicant: _____

Address: _____

Contact Phone # Day: _____ Phone # Evening: _____

Student-Athlete Information

Name: _____

Grade: _____

Sports Played Fall: _____ Winter: _____ Spring: _____

Willing to:

- | | |
|---|---|
| _____ Work Concessions | _____ Assist w/ game management (chain crew, ball person, clock, etc.) |
| _____ Assist w/ Tournaments | _____ Assist w/ Fundraising |
| _____ Assist w/ Merchandise | _____ other (Please list your ideas) |
| _____ Give Donation, enclosed with application. | |