



Pompano Beach High School Athletic Booster Club



2016-2017 Membership Form

Parent Name: _____

Address: _____

Home Number: _____ Cell: _____

Email: _____

1. Student Athlete Name: _____

Sport: _____ Graduation Year: _____

2. Student Athlete Name: _____

Sport: _____ Graduation Year: _____

Please contact me via (circle one): Home# Cell# Email

\$25.00 Family Membership fee includes One Year Booster Membership.

Please make checks payable to PBHS Athletic Booster Club

Payment (circle one): cash check# _____ Credit Card

Booster initials: _____ Date: _____

FOR PBHS Athletic Booster Club Only:

New Member Name: _____

Payment Method (circle one):

Cash Check# _____ Credit Card

Date: _____

Free Gift provided (circle one): Yes No

Booster Initials (_____)