

LAFAYETTE HIGH SCHOOL ALL SPORTS BOOSTER CLUB

2009/2010 MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION

NAME(S): _____

ADDRESS: _____

CITY STATE ZIP CODE

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

**** PLEASE PRINT E-MAIL ADDRESS VERY CLEARLY**

PHONE NUMBER HOME: _____ WORK: _____

CHILDREN AT LHS

SPORT(S) PLAYED:

FAMILY MEMBERSHIP - \$15.00

MAY WE CONTACT YOU FOR VARIOUS FUNCTIONS AS A VOLUNTEER?

CIRCLE ONE --- YES OR NO

MAKE YOUR CHECK PAYABLE TO:
LAFAYETTE ATHLETIC BOOSTER CLUB

RETURN FORM WITH YOUR CHILD TO SCHOOL OR MAIL TO:
LAFAYETTE HIGH SCHOOL
4460 LONGHILL ROAD
WILLIAMSBURG, VA 23188
ATTENTION: ATHLETIC DIRECTOR

IF PURCHASING SEASON PASSES- PLEASE WRITE TWO DIFFERENT CHECKS
ONE TO THE BOOSTER CLUB FOR MEMBERSHIP AND
ONE TO LAFAYETTE ATHLETICS FOR THE SEASON PASSES