

THE COLONY FOOTBALL BOOSTER CLUB 2015-2016 FAMILY MEMBERSHIP APPLICATION

Name of Member (s): _____

Phone Number: (1): _____

Phone Number: (2): _____

Email Address (1): _____

Email Address (1): _____

Players Name: _____

Players Grade Fall 2015: _____

Players Name: _____

Players Grade Fall 2015: _____

In order to make this program a success... **WE NEED YOUR HELP!** Please let us know your volunteer interests:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Banquet | <input type="checkbox"/> Senior Night |
| <input type="checkbox"/> Membership Team | <input type="checkbox"/> Spirit Sales | <input type="checkbox"/> Cougar Prowl 5K/1M |
| <input type="checkbox"/> Homecoming | <input type="checkbox"/> Flag Set Up | <input type="checkbox"/> Communications |

Please note: In order to volunteer we ask you to complete an LISD volunteer form found at www.lisd.net

Family Membership Dues are : \$35.00
Your membership is valid from June 1st—May 31st

Membership includes one TCHS Football Booster Club Membership Shirt
Additional Membership shirts are available for \$15 each. Please specify size and quantity below:

Shirt Ordered	S	M	L	XL	XXL	XXXL	Total \$: _____
Shirt Issued							

Please return form and payment to any board member, bring it to a regular board meeting or to the Spirit wear table during any football event or game. Make checks payable to: TCHS Football Booster Club

We now accept VISA/MasterCard/American Express at the Spirit wear Table



BOARD USE ONLY: Date Paid: __/__/__ Amount Paid: \$ _____ (Cash / Check # _____ / Credit Card)

All proceeds from Membership benefit
the TCHS Football Program
www.tchsfootball.org

