

2016-2017
JBHS Athletic Booster Club Member Registration

Please make checks payable to **JBHS Athletic Booster Club**
 Checks must have current address, phone number and driver's license number on them.

Parent Name(s): _____

STUDENT NAME	GRADE	SPORTS

Category: (*circle all that apply*) Men's / Women's Varsity / JV Fall / Winter / Spring

Home Address: _____

Home Phone number: (____) _____ - _____ Cell Phone number: (____) _____ - _____

Would you like to get a text for reminders of meetings, volunteering, etc.: Yes / No

Email Address: _____

I would like to work in one of the concession stands: Yes / No Fall / Winter / Spring

Please help us have enough volunteers!!

We know you don't want to work when your student-athlete is playing, but please help out during other sporting events to allow all parents that same opportunity!

This is for the kids – if we all do our small part, no one has to do it all!

Volunteer Schedule: (*please check all that you are interested in*)

___ Committee Member (ask for details)

___ Fall Open House apparel/memberships

___ JV Football-Fall (Thursday nights)

___ Varsity Football- Fall (Friday nights)

___ Volleyball-Fall (Mon-Fri inside)

___ Men's Soccer-Fall (Mon-Fri)

___ Seasonal Meetings-4 a year

___ Women's Soccer-Spring (Mon-Fri)

___ Basketball-Winter (Mon-Fri inside)

___ Wrestling-Winter (Mon-Fri inside)

___ Baseball-Spring (Mon-Fri)

___ Softball-Spring (Mon-Fri)

___ Awards Receptions (4 times a year)

Please return forms and payment to the Athletic Booster Club Treasurer or to Mrs. Wamsley in the front office. **Please do not turn this form into your student's teacher.**

Dues are \$10.00 per family: Amount Paid \$ _____ by cash / check # _____ Donation? \$ _____

It's Great to be a Buccaneer!!!

Office Use Only:	
Date Paid:	_____
Receipt #:	_____
Receipt Book #:	_____
Received By:	_____