



2019-2020 Membership Form

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____

Please provide information about your children who attend PHS and the sport(s) they play or plan to try out for.

Name: _____	Grade: _____	Name: _____	Grade: _____
Sport(s): _____		Sport(s): _____	
Name: _____	Grade: _____	Name: _____	Grade: _____
Sport(s): _____		Sport(s): _____	

Attached is my:

- \$25.00 – Black & Gold Membership
- Additional Donation Amount: _____

We are always looking for people who can provide us (or have contacts) with goods and services at a competitive cost or for promotional consideration. For more information, contact us at phsboosters@gmail.com or at the address below.

Mail this form and check payable to: Poolesville High School Athletic Booster Club, P.O. Box 245, Poolesville, MD 20837
Dues/donations may be tax deductible (consult your tax advisor)



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