



Gateway All Sports Booster Club 2018-2019 Membership Form



Name: _____

Address: _____

Phone: _____

Email: _____

Student Athlete name, grade and sport:

1. _____

2. _____

3. _____

Committees or activities I am interested in volunteering for:

Membership Fee: \$5.00 per adult

Paid by: Check# _____ Cash _____

Please Make Checks Payable to "Gateway All Sports Booster Club"