



***Become A Member of Naples Athletic Booster Club!
HAVE A VOICE - SUPPORT OUR STUDENT ATHLETES***

**Naples High School Athletic Booster Club 2009-2010
PSC 808 Box 15, FPO AE 09618-0015**

Please fill out and return to NHS Office.

Name of Sponsor/Parents: _____ E-MAIL: _____

1. _____

2. _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Name of Child(ren) and Grade(s):

1. _____

2. _____

3. _____

4. _____

Sports Interests (circle):

Football

Basketball

Volleyball

Track and Field

Cross Country

Cheerleading

Wrestling

Soccer

Tennis

Swimming

Softball

Baseball

What We Do and How We Do It:

Scholarships

Sports Equipment Purchases

Concession Sales

Spirit Item Sales

Sport Photo

Auction

Newsletter

Sports Banquets

Membership Fee: \$35.00 per family for the entire year.

Received by: _____ Date: _____

Cash _____ Check _____ (Please make check payable to NHS
Booster Club)