



2019-2020
Carrollton High School Athletic Booster Club
Membership Form

Name: _____

Address: _____

Telephone: (W) _____

(H) _____

(C) _____

Email Address: _____

If you have Athletes in the program, please list them below:

Athlete's Name _____ **Sport (s)** _____

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Athlete's Name _____ **Sport (s)** _____

Athlete's Name _____ **Sport (s)** _____

- Volunteer:**
- Booster Club Officer** ()
 - Parent Captain for Sport** ()
 - Concession Worker** ()
 - Auction Committee** ()

Please mail the completed form along with the annual \$50 membership fee to:

NOTE: (Annual Membership runs from July 1st to June 30th)

Carrollton High School Athletic Booster Club, Inc.
P.O. Box 943
Carrollton, GA 30112
Attn: KRISTY PHILLIPS
Membership Chair