

ELEANOR ROOSEVELT HIGH SCHOOL ATHLETIC BOOSTER CLUB REGISTRATION FORM

(PLEASE PRINT)

NAME (Parent Name)			
(Par	rent Name)	
ADDRESS			
PHONE #	EMAIL AI		
PHONE # [Parent]		(Parent	t)
STUDENT'S NAME (IF APPLICAL	BLE)		
STUDENT'S GRADUATION YEAR	₹		
STUDENT'S SPORT(S)			
COMMITTEE YOU MAY BE INTE	ERESTED	IN WORKING ON:	
FUNDRAISING (WAYS & M	EANS)	MEMBERSHIP	NONE
PLEASE SUBMIT A CHECK FOR	•		ANCIALLY
ACTIVE FOR THE CURRENT SC			
MEMBERSHIP, YOU WILL ALSO			
BOOSTER CLUB T-SHIRT. TO HA		HIRT SHIPPED TO YO) U
PLEASE SUBMIT A CHECK FOR	\$25.00.		
PLEASE CONTACT GEORGE HA	LL AT 301	1-642-1541 OR	
GCHALL10@VERIZON.NET TO	MAKE AR	RANGEMENTS TO PI	ICK UP
T- SHIRTS.			
MAKE CHECKS PAYABLE TO: E	LEANOR	ROOSEVELT HS BOO	STER

MAIL TO: ELEANOR ROOSEVELT HS, 7601 HANOVER PARKWAY, GREENBELT, MD 20770 C/O COACH TOM GREEN, BOOSTER CLUB

CLUB