



2010-2011 Athletic Booster Club Membership

Name: _____
(Please Print First & Last Name)

Address: _____
Street or P.O. Box number

City State Zip Code

Home Phone: _____ **Cell:** _____

Please check the appropriate box(es):

- I presently have children that attend North Gaston.
- I am interested in volunteering at Booster Club Events (please indicate your preference: athletics, concessions, awards presentations, banquets, any events).

- I would like to receive email notification of upcoming meetings, events, etc.
My email address is: _____
- I would like to make a donation to North Gaston Athletic Booster Club in an effort to support the athletic programs at North Gaston. (Checks payable to NG Athletic Boosters)

Donation in the amount of \$ _____