

BHS SOCCER BOOSTER CLUB FAMILY INFORMATION FORM

(Please Print Legibly – This information may be used in the Soccer Directory)

COMPLETE ANNUALLY

DATE: _____

The Club functions solely to promote and improve the soccer program at Bellaire High School. We ask that all families, including non-members, complete this form annually.

ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: (____) ____-____
Phone number for phone notifications

PARENTS – First & Last Names

Mother's Name: _____ Work Phone: _____ Email: _____

Father's Name: _____ Work Phone: _____ Email: _____

Father's Address &
Phone, if different: _____ City: _____ Zip: _____ HOME PHONE: (____) ____-____

PLAYER(S)

First Name: _____ Last Name: _____ Circle Player Gender: Male or Female

Goes By: _____ Email: _____ Year at BHS: Freshman Sophomore Junior Senior

First Name: _____ Last Name: _____ Circle Player Gender: Male or Female

Goes By: _____ Email: _____ Year at BHS: Freshman Sophomore Junior Senior

BOOSTER CLUB MEMBERSHIP – OPTIONAL – BUT PLEASE FILL IN TOP PORTION EVEN IF NOT JOINING BOOSTER CLUB

Those families who wish to join the Soccer Booster Club or renew their annual membership may do so below. The Soccer Booster Club is a not-for-profit organization under 501(c)(3) of the Internal Revenue Code. All donations to the Club are tax deductible for federal income tax purposes.

Please, enroll our family in the Booster Club. The annual fee is \$50.00 per family.

Booster Club Membership: \$ _____

Donations very much appreciated. The Booster Club must raise \$200.00/PLAYER/YEAR to help fund BHS Soccer expenses.

Amount of Donation: \$ _____

TOTAL Amount Enclosed: \$ _____

Checks Payable to: BHS Soccer Booster Club. Do NOT staple check to form!

PARENTS, WILL YOU VOLUNTEER?

Please indicate if you are willing to volunteer a few hours to help with the Booster Club functions.

Mother: Y or N Father: Y or N

RETURN FORM TO: COACH FRYE OR COACH KANZIG
OR

MAIL FORM TO: BHS Soccer Booster Club PO Box 1663 Bellaire, TX 77402