

# PANTHERS BOOSTER CLUB OF BURLINGAME HIGH SCHOOL

## FALL SPORTS PARTICIPATION FORM

*This form MUST be returned with a parent/guardian SIGNATURE in order for an athlete to participate.*

### FALL SPORTS:

Football    Girls Tennis    Cross Country    Volleyball    Water Polo    Girls Golf

### \$75.00 Athletic Participation Donation Per Sport

- I would like to donate my time by volunteering when needed in lieu of a donation.
- Additional Donation (I would like to sponsor an athlete.)
- I have already donated \$75.00 for my child's Fall Sport.

Please contact Christi Johnson if you have questions regarding donations: [emijohnson@sbcglobal.net](mailto:emijohnson@sbcglobal.net)

### Please contact me to help with Athletic Boosters (circle your interests)

Team Liaison/Team Parent     Ticket Sales     Snack Shack

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SPORT: \_\_\_\_\_ FRESHMAN \_\_\_\_\_ FROSH/SOPH \_\_\_\_\_ VARSITY \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

Check  Cash  Credit Card  information is enclosed.

I have circled the area(s) above where I can volunteer to help at games and events.

**Thank you for your support! Please make checks payable to: PANTHERS BOOSTER CLUB OF BHS**

### Credit Card Information:

Name as it appears on card: \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ AM Express \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

FALL SPORT DONATION (\$75.00) \$ \_\_\_\_\_ Additional Donation: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

This is a tax deductible donation to the Panthers Booster Club of BHS. TAX ID No. 94-297-7389

