



BETHEL PARK HIGH SCHOOL
 FOOTBALL BOOSTERS CLUB
 MEMBERSHIP FORM



My son, _____, will be a member of the
 (Son's Name)
 Bethel Park Football Team.

Grade for 2015 Football Season: _____
 (Freshman, Sophomore, Junior, Senior)

Please enroll my family as official members of the Bethel Park Football Boosters Organization. My check in the amount of \$25.00, made **payable to the Bethel Park Football Booster, Inc.**, is enclosed.

I understand that my \$25.00 Family Membership entitles me to voting privileges at monthly Booster Club Meetings. It allows for discounted pricing for ads in the BP Football Program and my name will be listed as a Bethel Park Booster Club member.

Family Name: _____

Address: _____

Phone: (HOME) _____ (CELL) _____

Email: _____

*Please list my name in the Football Program as follows:
 (ex. The Jones Family)*

THANK YOU FOR YOUR SUPPORT!

Make Checks payable To: Bethel Park Football Boosters, Inc.

**Mail To:
 Bethel Park Football Boosters, Inc.
 P.O. Box 261
 Bethel Park, PA 15102**