

Football Player Family Membership Application

DC Tiger Booster Club

Douglas County High School Football Booster Organization

Member Information:

Athlete's Name: Last: _____ First: _____

Parent's Name: Mom Last: _____ First: _____

Parent's Name: Father Last: _____ First: _____

Address: Street _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Employer Name (optional) _____

9th Grade, JV & Varsity Football Player: \$ - TBD

Please make checks payable to: DC Football Booster Club...Due to Coach Ogsby by Date Here

Committee Selection:

Please indicate which committee you volunteer to serve on.

- | Committee | Chairperson |
|---------------------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Fund raising (assist in the overall planning of fund raising events).....Name | |
| <input type="checkbox"/> Parking (manage a specific Parking Area)..... Name | |
| <input type="checkbox"/> Spirit Sales (game day sales of spirit items)..... Name | |
| <input type="checkbox"/> Program Advertising (solicit business advertising for the program)..... Name | |
| <input type="checkbox"/> Player Pregame meals (serve adult member pregame meals)..... Name | |
| <input type="checkbox"/> Member Pregame meals (serve members pre/post game meals)..... Name | |

You will be notified of your game assignment at the beginning of the season.