

## 2009 - 2010 MSA Parents Booster Club

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

@

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No, Do not include my information in the Booster Directory

Swimmer's Name(s), Age and Gender \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would be interested in serving on the following committee(s)

Social Events

Membership/Communication

Operations Funding

Swim Meets

Membership Dues      \$10.00 per member

Additional Donation      \$ \_\_\_\_\_

Total Amount Due      \$ \_\_\_\_\_