

GIBBON BOOSTERS

Annual Membership Form
2015-2016



MEMBER INFO	Name _____ (<input type="checkbox"/> Parent/Guardian, <input type="checkbox"/> Other Family, <input type="checkbox"/> Alumni, <input type="checkbox"/> Community Member)	
	Street Address _____ City _____ State _____ Zip _____	
	Primary Phone # _____ (<input type="checkbox"/> Home, <input type="checkbox"/> Mobile, <input type="checkbox"/> Work)	
	Alternate Phone # _____ (<input type="checkbox"/> Home, <input type="checkbox"/> Mobile, <input type="checkbox"/> Work)	
	E-Mail Address(s) _____ , _____	
STUDENT	Please Circle All Activities	
	Student 1: _____ Activity(s):	Football Volleyball Wrestling Golf Cross County Basketball Track
	Student 2: _____ Activity(s):	Football Volleyball Wrestling Golf Cross County Basketball Track
	Student 3: _____ Activity(s):	Football Volleyball Wrestling Golf Cross County Basketball Track
DUES	\$25 Annual dues – Per Family <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash Pay dues by Nov. 1st to have your name listed on the athletic programs.	Please Make Check Payable to “Gibbon Boosters” and mail to: Angela Smyth Gibbon Insurance Agency PO BOX 70 Gibbon, NE 68840
VOLUNTEER	I would like to volunteer to help with some activities. <input type="checkbox"/> Yes <input type="checkbox"/> No ...and I’m particularly interest in helping with (optional):	
	<input type="checkbox"/> Football BBQ <input type="checkbox"/> Homecoming <input type="checkbox"/> Apparel Sales <input type="checkbox"/> Potato Bar	<input type="checkbox"/> Taco Bar <input type="checkbox"/> Road Rally – 4 th of July <input type="checkbox"/> _____ <input type="checkbox"/> _____
OTHER	MEETINGS We will usually meet on the 3 rd Wednesday of each month at 6:30 pm in the GHS commons area. Everyone is welcome.	President.....Scott Baker Vice President.....Kevin Hynes Treasurer.....Kevin Hynes Secretary.....Scott Baker

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Proud Supporters of the Gibbon Buffaloes