

ATHLETIC BOOSTER CLUB
Stonewall Jackson High School
Membership Application

Name: _____ Home Telephone: (703) _____
Address: _____ Work Telephone: () _____

Membership \$25.00
Other Donation _____
Total Enclosed _____

Larger gifts will be appreciated and will help the SJHS Athletic Boosters better serve the students and community.

Merchandise Donated

Description: _____

Total Value \$ _____

Please check one of the following activities your donation is to be contributed to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Football | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis – Boys or Girls |
| <input type="checkbox"/> Basketball – Boys or Girls | <input type="checkbox"/> Gymnastics – Girls | <input type="checkbox"/> Track – Boys or Girls |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer – Boys or Girls | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Field Hockey – Girls | <input type="checkbox"/> Softball – Girls | <input type="checkbox"/> General Fund |

- I am an Alumnus of SJHS
 I would be willing to help with concessions and other fund-raisers during this year.

The Athletic Boosters intends to print the names of Boosters members in appreciation of their support. Please check below if you would prefer to remain anonymous.

- I would prefer to remain anonymous.

Please make checks payable to:

Stonewall Jackson High School Athletic Boosters Or S.J.H.S. Athletic Boosters
and mail with this page to Boosters Treasurer:
Stonewall Jackson High School Athletic Booster Club
P. O. Box 1284
Haymarket, VA 20169

Only members of the Athletic Booster Club will be eligible for scholarship moneys from the academic fund.