



Pompano Beach High School Athletic Booster Club

600 NE 13th Avenue
Pompano Beach, FL 33060

pbhsabc@gmail.com

2018-
2019

Membership Form

Parent Name(s): _____

Street Address: _____

City/St/Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

1. Student Athlete Name: _____ Grad Yr: _____

Sport #1: _____ Sport #2: _____

2. Student Athlete Name: _____ Grad Yr: _____

Sport #1: _____ Sport #2: _____

Contact me via (circle one): Phone #1 Phone #2 Email

Check the following area(s) of interest to fulfill required volunteer hours:

Team Parent Liaison:

Golf Committee: Fundraising: Spirit Wear:

Membership: Phone Tree: Banners: Other:

\$25.00 Family Membership fee includes One Year Booster Membership.

Please make checks payable to: **PBHS Athletic Booster Club**

Payment (circle one): Cash Check# _____ Credit Card

Booster rep initials: _____ Date: _____