



MEMBERSHIP FORM

___ High School ___ Middle School

Office Use Only:
Logged In: _____
Reimburse P.A. _____
P.A. Reimburse _____

NAME: _____	DATE: _____
PHONE: _____	CELL: _____
EMAIL: _____	

STUDENT NAME/GRADE	STUDENT/GRADE

St. Francis Booster Club Mission Statement: To support the advancement of the athletic program of St. Francis School by: Providing a better understanding of the program and its services, sponsoring appropriate programs to further the financial support of St. Francis athletic teams, promote more active student and parent participation in the athletic program, abiding by all St. Francis School policies and procedures as well as the GHSA policies and procedures.

MEMBERSHIP FEE: (FEE DOES NOT INCLUDE SPORTS CLUB TEAM FEE)

\$50.00

SPORT CLUB DONATION: This donation is above and beyond your membership fee and does not include and is separate from the sub-club participation fee (sport team fee) for your student's designated sport. This donation is deposited directly into your designated sport club(s).

Please apply my Donation to the following St. Francis Sport Club(s):

- 1) _____ \$ _____
- 2) _____ \$ _____

GOLF TOURNAMENT DONATION:

Be a sponsor for our golf tournament with your donation. For tournament information or to register to play please visit www.golfstfrancis.golfreg.com

\$ _____

TOTAL AMOUNT DUE: \$ _____

PAYMENT: (Please select one) CASH OR CHECK (Payable to SFBC) # _____

VISA / MC AX Credit Card #: _____ Exp. Date: _____

Signature: _____ Security Code: _____

**ALL MEMBERSHIP FEES AND DONATIONS ARE TAX DEDUCTIBLE
THANK YOU FOR YOUR SUPPORT AND CONTRIBUTION!**

**Please return this completed form with payment to your student's school office or mail to
St. Francis Booster Club, Attn. Membership, 9375 Willeo Rd., Roswell, GA 30075**

WHITE: Membership

YELLOW: Treasurer

PINK: Parent Receipt