



MEMBERSHIP APPLICATION
2015-2016

Fee \$ _____
Date _____
Rcv'd by _____

NAME: _____ Cell Phone: _____
 Address: _____ Home Phone: _____

 E-Mail Address: _____

NAME: _____ Cell Phone: _____
 Address: _____ Home Phone: _____

 E-Mail Address: _____

Student's Name(s): _____

Please indicate with a check mark any sports students may be involved with during the school year:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Tennis | <input type="checkbox"/> Football |
| <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Boys Lacrosse | <input type="checkbox"/> Girls Lacrosse | <input type="checkbox"/> Boys Soccer |
| <input type="checkbox"/> Girls Soccer | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Track & Field | | |

Memberships are good for one (1) school year. You may donate any amount you wish to the program to become a member. You will be added to the e-mail group for announcements and requests for assistance to the program.

Return application and membership fee (checks made payable to Chopticon High School to:
 Chopticon High School
 Attn: Ray Sapp (Boosters)
 25390 Colton Point Road
 Morganza, MD 20660