



MHS Cheer Boosters

501(c)3 nonprofit

MHSCHEERCLUB@YAHOO.COM

Athlete Name: _____ Grade in Sept _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Home Phone _____ Parent cell #1 _____ #2 _____

Parent email #1 _____ #2 _____

Cheerleader Cell # _____ email _____

Membership is \$20.00 per family and will count as one vote.

Please make checks payable to: MHS Cheer Boosters

VOLUNTEER (check all that apply)

- ☐ **Team Parent Rep** (coordinates team specific duties) There will be a parent rep for each team
- ☐ **Car wash chaperone** _____ **July 11** _____ **July 18** _____ **July 25**
- ☐ **Fundraising volunteer**
- ☐ **Banquet volunteer**
- ☐ **50/50 raffle Freshman Parents** (1 varsity game date TBA)
- ☐ **Program book** (published in house by football and cheer parents)
- ☐ **Contact me! Let me know how I can help!**

Comments to MHS Cheer Boosters board (confidential) _____

Board Use Only: check # _____ **Date Received** _____

Checks Payable to: MHS Cheer Boosters

PO Box 154, Marshfield, MA 02050

Questions: MHSCheerClub@yahoo.com

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