

St. Stephens Athletic Boosters Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

When would you be available to help/assist in events

- | | | |
|--|---|---|
| <input type="checkbox"/> Fall Sports | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekday mornings |
| <input type="checkbox"/> Winter Sports | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> Weekday afternoons |
| <input type="checkbox"/> Spring Sports | <input type="checkbox"/> Weekend evenings | <input type="checkbox"/> Weekday evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|---|--|---|
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Banquets | <input type="checkbox"/> Phone bank/contact |
| <input type="checkbox"/> Gates | <input type="checkbox"/> Set Up | <input type="checkbox"/> Event Advertising |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Break Down | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Field/Work Days | <input type="checkbox"/> Event Planner |
| <input type="checkbox"/> Pick up & Deliveries | <input type="checkbox"/> Golf Tournament | <input type="checkbox"/> Donations |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Athlete Participating

What is the sport, name, and your relationship to the athlete you are supporting?

I would like to join the SSSH Boosters and make a difference
I am enclosing \$15 - Single Membership \$20 - Family Membership
(make checks payable to SSSH Athletic Boosters)

Mail To: Lynn Noble, PO Box 2902, Hickory NC 28603
(Athletic_boosters@sshabs.info)