

BRAVES BOOSTER CLUB

Membership Application

Parent's Name(s) _____

Student's Name(s) _____ Grade(s) _____

Telephone # _____ E-mail Address: _____

Street Address _____

Town _____ State _____ Zip Code _____

Check here if you would like to volunteer to help in the Refreshment Stand at Home Football Games

Check here if you would like to volunteer to help with other events as needed

Please Check One:

*I am enclosing my \$15.00 check along with this membership form for family membership and mailing it to: **BRAVES BOOSTER CLUB**, P.O. Box 336, Manalapan, NJ 07726*

*I am paying \$15.00 through **Zelle**: (MHSBravesBoosterClubMembership@gmail.com) and emailing this form to MHSBravesBoosterClubMembership@gmail.com*