

WILLIAMSVILLE SPORTS BOOSTERS MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Home Phone:

Cell Phone:

Primary E-mail:

OTHERS TO LIST ON MEMBERSHIP

Name

Name

Name

Name

Name

Name

ADDITIONAL EMAIL ADDRESS

E-mail:

E-mail:

E-mail:

E-mail:

E-mail:

E-mail:

HOW DID YOU HEAR ABOUT US

Comments:

SIGNATURES

I authorize the use of the information provided on this form as contact information for the use of Williamsville Sports Boosters

Signature of applicant:

Date:

**PLEASE PRINT, FILL OUT APPLICATION AND MAIL
ENCLOSE A CHECK FOR \$15
SEND TO:**

**WILLIAMSVILLE SPORTS BOOSTERS
P.O. BOX 18
SHERMAN, IL 62684**

EMAIL ADDRESS : BULLETS@BULLETSsports.org