



Parents Association Working for our School

Horizon High School Boosters, Inc.

2010-2011 MEMBERSHIP APPLICATION

Parent or Guardian's Name: _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work/Cell Phone _____

Email Address (s): _____

Please List All Students that Attend Horizon and their Grade

1. _____

2. _____

3. _____

\$ _____ Minimum Membership is \$30.

\$ _____ Additional Contribution to Scholarship Fund

Please make checks payable to Horizon High School Boosters, Inc.

I would like \$2.00 of my membership fee donated to the following club, program or sports team.

<input type="checkbox"/> Accents (Chorus)	<input type="checkbox"/> Basketball(Boys)	<input type="checkbox"/> Soccer(Boys)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Badminton	<input type="checkbox"/> Basketball(Girls)	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Band	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Spiritline	<input type="checkbox"/> PAWS PTO
<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Swim/Dive	<input type="checkbox"/> Grad Night
<input type="checkbox"/> Boys Lacrosse	<input type="checkbox"/> Girls Soccer	<input type="checkbox"/> Other (Please specify)	_____

I am Interested in Participating in PAWS in the following areas:

<input type="checkbox"/> Grad Night	<input type="checkbox"/> PAWS Board or Parent Rep Position	<input type="checkbox"/> PAWS/PTO
<input type="checkbox"/> General Volunteer 4 Hours as Needed	<input type="checkbox"/> Other	_____

www.horizonboosterclub.com

5601 East Greenway Road Scottsdale, Arizona 85254

Check # _____

Date: _____