

# COAL CITY ATHLETIC BOOSTER MEMBERSHIP FORM 2017-18

Please print clearly

First and Last Name of Adult(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emails will only be sent for reminders or cancellations of meetings.

Student Name(s)	Year in school	Participating Sports
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Payment

Send \$5.00 and above completed membership form to

Coal City High School  
c/o Athletic Boosters  
655 W. Division Street  
Coal City, IL 60416

or

Drop payment off at the CCHS main office  
Please mark envelopes attention Athletic Boosters

Checks can be made payable to the Coal City Athletic Boosters

