



MILFORD HIGH SCHOOL BOOSTERS CLUB, INC.

2009 – 2010 FAMILY MEMBERSHIP FORM

Membership Information:

Family Name: _____

Address: _____

Town, State, Zip: _____

Telephone: _____ Cell: _____

Primary Contact Email: _____

Student Information: *(Having a student playing sports, or attending Milford High School is not a requirement for membership.)*

Name: _____ Graduation Year: _____ Sport(s) _____

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Tax Deductible Membership Donation: *(please make checks payable to Milford High School Boosters Club, Inc.)*

\$25.00 for one year Membership: _____ Additional Contribution: _____

A minimum of three years of Membership is one of the Scholarship requirements for Graduating Senior Athletic Scholarships. (Please see the by-laws on the website!) (An Exception for the MHS Class of 2010 and 2011 classes has been established)

Volunteer Opportunities:

Volunteering is essential to the success of the boosters, below are areas for you to become involved.

Membership _____ Publicity _____ Concessions/Spirit Wear _____ Fundraising _____

Team Representative (**Team and Sport**) _____

***MHS Booster’s Club goal is to have a representative for all teams, sports and seasons! ***

Please complete and return form to: Milford High School Boosters Club, Inc.
18 Briar Drive
Milford, MA 01757
www.boosters.highschool.milfordpublicschools.com