TLHS BOOSTER CLUB

2023-2024 Membership Form

Date:			
I am a			
Parent/Guardian	Grandparent	Alumni	TLHS Supporter
Name:			
Address:			
City/Zip:			
Email:	TI	IIO	
Phone Number:	11	1113	
Childs Name (if applicable)):		
Sports Played (if applicable	e):	A SHERE THE PARTY	
Childs Name (if applicable)):		
Sports Played (if applicable	e):	-	
purchase 2 Pa	to purchase a s sses per Membe	er)	PORTS PASS: (Allowed to ub Members Party
Payment options:			

- - -

- \circ Cash
- $\circ~$ Check made out to TLHS BOOSTER CLUB
- Venmo or PayPal- @TLHS_Booster_Club