



IHA/IHC SCHOOL ATHLETIC BOOSTER CLUB MEMBERSHIP FORM

Name: _____

Home Phone: _____ Cell 1: _____ Cell 2: _____

Email 1: _____ Email 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Names:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Sports your students are involved with or that you're interested in:

Mail this form to: IHC Athletic Booster Club 1316 Ives St. Watertown, NY 13601