

TO: All Parents / Guardians of Western Students / Athletes
FROM: Western Athletic Booster Club

The Western Athletic Booster Club would like to invite all parents/guardians of our athletes to join, participate and/or support our group. The money raised by the Booster Club directly supports our athletes by purchasing new uniforms and equipment, providing donations to the sports banquets, and paying for coach clinics. In addition, each year two athletic scholarships are awarded. However, we can't do it alone, WE NEED YOU. There are two levels of membership:

- 1) Supporter (\$10.00). This membership enables you to attend all meetings and vote on all issues.
- 2) Family (\$50.00). This membership is for the student and up to three additional family members. In addition to the benefits of the Supporter, each member is entitled to a full admission to all Regular season home games - NO State games. Additional family members can join for the low rate of \$15.00 per person and enjoy the family benefits. Take advantage of this great offer because the admission cost increased this year to \$5.00 for adults and \$3.00 for students.

Please support our Athletes by completing the membership application below and returning it along with your dues. Applications received at home games must be accompanied by a check. If you have any questions, please contact any of the following Booster Club Officers.

President:	Denise Kruger	410-719-0169
Vice President:	???????????????	???????????????
Treasurer:	Sharon Johnson	410-788-0074
Secretary:	Gillian Spencer	410-298-3627

Western Athletic Booster Club Membership Application

Name: _____ Phone No.: _____

Address: _____ City _____ ZIP _____

E-Mail Address: _____

Check One: Supporter-\$10.00 Family-\$50.00

Western Student: 1. _____ Grade: _____

2. _____ 3. _____

4. _____

Additional Members @ \$15.00 Each _____

Please make checks payable to **Western Athletic Booster Club**. Your student can leave this form and payment with Mr. Michael J. McEwan, Athletic Director, in the front office or you can mail your application to:

Western STES
Attn: Mr. Michael J. McEwan
100 Kenwood Avenue
Catonsville, MD 21228

<i>For Office Use Only:</i> Date Received: ___/___/___ ____ Cash ____ Check - Check No. ____ Amount Received \$ _____ Member No. ____
