



## **ALTON ATHLETIC ASSOCIATION**

### **PARENT MEMBERSHIP FORM**

Athlete's Name: \_\_\_\_\_

Athlete's Sport(s): \_\_\_\_\_

1. Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **VOLUNTEER OPPORTUNITIES**

<input type="checkbox"/>	<b>Fall Sports Banquet</b>	<input type="checkbox"/>	<b>Trivia Night</b>
<input type="checkbox"/>	<b>Winter Sports Banquet</b>	<input type="checkbox"/>	<b>Golf Tournament</b>
<input type="checkbox"/>	<b>Spring Sports Banquet</b>	<input type="checkbox"/>	<b>Player Sign Sales</b>
<input type="checkbox"/>	<b>Concessions</b>	<input type="checkbox"/>	<b>Spirit Wear – Fridays during lunch</b>
<input type="checkbox"/>	<b>50/50 Sales at Football Games</b>	<input type="checkbox"/>	<b>Spirit Wear – During Games</b>
<input type="checkbox"/>	<b>50/50 Sales at Basketball Game</b>	<input type="checkbox"/>	<b>Social Media</b>
<input type="checkbox"/>	<b>Alumni Basketball Tournament</b>	<input type="checkbox"/>	

Complete & return to Alton Athletic Association Member or email information to [altonathletics@yahoo.com](mailto:altonathletics@yahoo.com)