



SIGN UP TO BECOME A BOOSTER - MEMBERSHIP FORM

Please complete the form below to start receiving important email Pioneer Booster Club communications. In addition your name will be added to the list of current members. Please remember to choose an area(s) of expertise/interest below.

Contact Information:		
Email:		
First/Last Name:	**************************************	
Company (Optional):		
Address:		
City, State, Zip:		2 - 1 (α - α - α - α - α - α - α - α - α - α
Phone:		
Please Circle What Applies to You:		
Are you a Parent? Yes or No	20	
Are you a Student? Yes or No		
You are a Business Owner? Yes or N	lo	
How did you hear about us?		
Please indicate an area(s) of expertis	ofinterest that you would b	no interacted in helping with
riease indicate an area(s) of expertis	e/interest that you would t	be interested in neiping with:
Senior All-Night Party	Concessions	Conference Nights
Community Connections	Facility Projects	Fundraising
Job Shadow-Mentorship	Membership Drive	Phone Tree
Staff/Student Recognition	Volunteer at SHS	Mtn. Festival
Other (Please indicate your speci	al area of expertise)	

Please mail to: Pioneer Booster Club ~ PO Box 1611 ~ Sandy, OR 97055 Or EMAIL to: pioneerboosters@gmail.com

THANK YOU FOR JOINING THE PIONEER BOOSTER CLUB!