



**NICEVILLE HIGH SCHOOL
ALL SCHOOL BOOSTER CLUB
2011-2012 FAMILY
ANNUAL MEMBERSHIP**

Name: _____

Home Address: _____

City: _____

Zip: _____ Phone No: _____ E-mail: _____

Membership Level:

Patron \$10.00: _____ Sponsor \$25.00: _____ Ambassador \$100.00 +: _____

Meetings are held at 7:00 p.m. on the first Monday of each month at Niceville High School. Please mail this form to: NHS All School Booster Club, 800 E. John Sims Pkwy., Niceville, FL 32578.

Please provide your membership no later than July 31, 2011 so that your name can be printed in the 2011 football program. Memberships received after that date will be listed in program inserts.

Please list your name as you want it in the program/inserts:

The NHS All School Booster Club needs both your financial support and participation in various club projects. Indicate below if you are a volunteer:

Volunteer Name/Phone No: _____

The NHS All School Booster Club provided more than \$20,000 to school wide, academic, club, and athletic programs during the 2010-2011 school year. Please help us continue the tradition of excellence during the 2011-2012 school year by supporting the NHS All School Booster Club.

For additional information contact: Shirley McElroy (729-1737).