



TERROR BACKER MEMBERSHIP FORM

Name: _____

Address: _____

City , State, Zip: _____

Phone: _____ E-Mail: _____

Circle all that apply:

West parent

West Alumni (year _____)

West Coach

West Staff

FEE INFORMATION:

Lifetime Membership - \$50/person

Annual Membership - \$10/ person

Amount Paid: _____ Date: _____ Cash or Check# (Payable to Terror Backers): _____

STUDENT INFORMATION:

Name	Boy/Girl	Sports/Activities	Grade

Dedicated volunteers have made the Terror Backers a very successful booster club. We are always looking for people to continue the tradition, please consider some of the following opportunities. *If everyone helps a little, we will accomplish a lot!*

I/we are willing to help with the following:

Concessions

Committee Chair

Parent Rep

Promotion/Publicity

Strategy Committee

(Sport: _____)

Board Member

Golf Outing

Anywhere Needed

This form can be dropped off or mailed to:

Appleton West Terror Backers, 610 N. Badger Avenue, Appleton, WI 54914

Membership questions may be directed to Carolyn Koehler at TerrorBackers@gmail.com