



ERSKINE ACADEMY **ALL SPORTS BOOSTERS** INFORMATION CARD

Athlete's Name _____ Sport(s) _____

Check One: Varsity_____, JV_____, Fr _____

Parent/Guardian Name(s) _____

Mailing Address _____ Email _____

Telephone Numbers: _____

In order to provide appropriate support for ALL Erskine Academy Athletics, *volunteer help is essential*. As a parent of an athlete, Erskine Academy All Sports Boosters will be asking you to volunteer for some of the following activities: Concessions, Clothing sales, Sports Award nights, Senior games, Homecoming (during the fall season only), Eagle Open Golf Tournament (during the fall season only). A team representative will be contacting you with the dates and times that your athlete's team needs to cover.

Are you willing to serve as a team representative for your son or daughter's team? This responsibility involves serving as a contact person with other parents of players on that team.....

YES NO . (Please see the back of this notice for more information)

(Back)

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