

**Clear Falls High School Emeralds
Booster Club Membership Form
2020-2021**



Please Print

Adult's Name(s)

Team Member's Name: _____

Home Address: _____

City: _____ **Zip:** _____

Adult's Phone number(s):

Adult's Email(s) for Booster Correspondence:

\$25 per family – One Paid Membership entitles each family to one vote.

Please make checks payable to CFEBBC and mail to:

Clear Falls Emeralds Booster Club PO BOX 191 Seabrook, TX 77586

Thank you for supporting the Emeralds Booster Club. Your support is very important to the success of our organization.

Go Knights and Emeralds!