

# Kings Park Athletic Booster Association

## Enrollment Form (\$10.00 per family)

Mail or Drop Form, attention Kings Park Athletic Booster Association

KPHS 200 Rte. 25A Kings Park NY 11754

Name	_____
Address	_____ _____
Phone	_____
E-Mail	_____

Please check all that apply:

\_\_\_ I would like to be a team parent representative for \_\_\_\_\_ team.

I would like to help on the following activities:

\_\_\_ Kingsmen Kafe

\_\_\_ Sports Programs

\_\_\_ Membership

\_\_\_ Sports Awards Nights

\_\_\_ Comedy Night

\_\_\_ Spiritwear

\_\_\_ End of the Year Athletic Dinner

\_\_\_ Golf Outing

\_\_\_ Sports Camps

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\_\_\_ I cannot volunteer at this time but would like to help out with an extra donation in the amount of \_\_\_\_\_

\_\_\_ -I have new fund raising ideas. Please Call Me