State College Boys' Basketball Booster Club

Membership Form *(2024/2025)*

Player Name _____ Grade: _____

School: _____ Player Email: _____

Cell Phone: _____Food Allergies or Concerns for Meals/Snacks_____

Parent 1 Name: _____ Preferred Email: _____

Phone: _____

Parent 2

Name: _____ Preferred Email: _____

Phone: _____

***Preferred email for Sign-Up Genius Communication**: _____

(If left blank, all emails listed above will be used for *Concessions Stand, Sign-Up Genius*)

Friend of Basketball (Complete this section if you are not a parent of a player, donations accepted in any amount!)

Name: _____ Preferred Email: _____

Street Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

Dues*

Checks Payable to: **State College Boys Basketball Booster Club (SCBBBC)**

7th, 8th, or 9th grades:	$100 per player	Total _____
JV and Varsity:	$200 per player	Total _____
Additional Donation		Donation $_____
Friend of Basketball		Donation $ _____
		Total Amount: $ _____

Check # _____ or Venmo

Please submit a completed form along with your check **@ MEET THE PLAYER NIGHT on Wednesday, November 20.** Or, if you are not able to register that evening, please mail check before November 29, 24 SCBBBC President c/o Michelle Melvin, 120 Mossey Glen Road, State College PA 16801

* Dues are non-refundable and to be paid in advance of competition. If it is a financial hardship for your family to cover these dues, please feel free to contact your coach, team parent or any Booster Club Officer.

Thank You for your Support

SCbasketball Hoops

@Sc-hoops-2024

venmo

State College Boys' Basketball Booster Club