



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

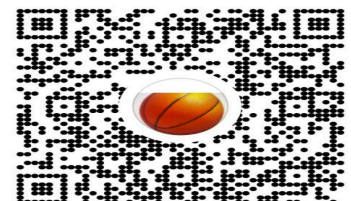
Please submit a completed form along with your check **@ MEET THE PLAYER NIGHT on Wednesday, November 20**. Or, if you are not able to register that evening, please mail check before November 29, 24
SCBBBC President c/o Michelle Melvin, 120 Mossey Glen Road, State College PA 16801

* 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



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