



North Bend High School Booster Club Membership Application 2024-2025

Name(s): _____

Phone: _____ Email: _____

Mailing address: _____

Student name(s)

Grade(s)

_____ \$10 annual membership fee

_____ Optional donation amount

Cash Square Check (Make checks payable to NBHS Booster Club)

I am interested in volunteering:

_____ Fall concessions (Football, Soccer, Volleyball)

_____ Winter concessions Wrestling and Basketball)

_____ Spring concessions (Track)

_____ Special projects/event planning

_____ 50/50 raffle drawings

_____ Themed raffle baskets

**Please return completed form to nbboosterclub@gmail.com or via mail Attn: NBHS Booster Club
2323 Pacific Avenue, North Bend, OR 97459**