



## Penn-Trafford Football Boosters Membership Form

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Membership: \$25 individual  \$35 Family

Check areas you would like to volunteer:

Program  Meet the Players  50/50

Senior Night  Banquet  Any

Please mail check along with membership form to:

PTFB  
P. O. Box 123  
Harrison City, PA 15636