

HHS GIRLS SOCCER BOOSTER CLUB DONATION / PAYMENT FORM

For your convenience, this form can be used to make **donations** towards Player Expenses and "Kick Out Cancer," and **payment** towards the Soccer Banquet.

Player's Name: _____ Home Phone: _____

Player's Grade: Freshman Sophomore Junior Senior

Father: _____ Mother: _____

Cell Phone: _____ Cell Phone: _____

Street Address: _____ NJ _____

Player Expenses: The Booster Club respectfully asks that a minimum \$50 donation be made on behalf of each player in order to cover the year's expenses. Please go to hsgirlssoccer.com and click the Booster Events tab for a list of expenses and explanation of this needed donation.

"Kick Out Cancer": This fundraiser is a Lady Raider community service event with all profits going to Dance for the Cure, a local organization that supports Hillsborough families affected by all cancers. Parents can contribute to this cause with 100% of your donation going to the charity. Contribute now for your convenience.

Banquet Reservation and Payment: The Booster Club covers player meals; all other guests pay \$10 per person. Get a jump on your reservation and use this form to pay early. *Additional guests can be added later if needed.*

I wish the total to be applied as such:

\$ _____ Applied to my daughter's player expenses (\$50 minimum).
Donations over \$50 to support our program and are greatly appreciated.

\$ _____ Applied to a charity donation for "Kick Out Cancer."

\$ _____ Applied to our family's Soccer Banquet reservation (non-player only).
_____ Number of banquet guest(s) x \$10 per person.

Optional: I will split the total and make two (2) equal payments of
\$ _____ (due by Sept. 30 and Oct. 15).

TOTAL AMOUNT ENCLOSED \$ _____ Check # _____

Please make check payable to HHS Girls Soccer Booster Club and mail this form and check to the Booster Club Treasurer:

Vince Minutillo
4 Trotter Court
Hillsborough, NJ 08844

PLEASE SUBMIT BY SEPTEMBER 30TH