



# BPHS IB BOOSTER CLUB



## BROOKE POINT HIGH SCHOOL ~ INTERNATIONAL BACCALAUREATE PROGRAMME BOOSTER CLUB 2019-2020 MEMBERSHIP FORM

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I understand that by providing this information, I authorize the IB Booster Club to send me electronic communication for important information pertaining to school matters.*

Student Name	Grade Level

<b>Membership dues:</b>	Family @	\$ 20.00	
	BPHS Staff @	\$ 10.00	\$ _____
	Tax Deductible Contribution to the IB Booster Club		\$ _____
	TOTAL:		\$ _____

*Please make checks payable to BPHS IB Booster Club.*

### OPTIONAL:

☐ Yes, I would like to volunteer and/or contribute hospitality items for special events.  
Please contact me when the need arises.

**Please return this form and your check to:**  
Brooke Point High School IB Booster Club  
1700 Courthouse Road  
Stafford, VA 22554