



Flair Booster Club Application 2009-10

Membership Dues: \$25.00 each adult. [2 adults not residing in the same household need to fill out a separate membership form. Each membership qualifies for voting rights.]

Name of FLAIR(S): _____
 Circle class(es): Freshman Sophomore Junior Senior

Parent/Guardian: _____

Street Address: _____

City: _____ Zip Code: _____

Subdivision: _____

Email(s) for booster club communication:

Parent #1 _____

Parent #2 _____

Phone Numbers: (please circle relationship to flair)

Mom / Stepmom hm _____ wk _____ cell _____

Dad / Stepdad hm _____ wk _____ cell _____

*** Only home numbers will be printed on the directory unless you instruct otherwise. ***

**Mail to: CLHS Falcon Flairs
 P.O. Box 890365
 Houston, TX 77289**

Check No. _____ Cash _____ Date received _____

Receipt for Membership

Check No. _____ Treasurer's Initials _____

Cash _____ Date _____

Name _____

Name(s) of Flair(s) _____

Circle class(es): Freshman Sophomore Junior Senior