

**Clear Falls High School Emeralds
Booster Club Membership Form
2024-2025**



Please Print

Adult's Name(s)

Team Member's Name: _____

Home Address: _____

City: _____ **Zip:** _____

Adult's Phone number(s):

Adult's Email(s) for Booster Correspondence:

\$35 per family – One Paid Membership entitles each family to one vote.

Please make checks payable to CFEBBC and mail to:

Clear Falls Emeralds Booster Club PO BOX 191 Seabrook, TX 77586

Or pay via *Venmo* (add \$2 service fee, \$37):

Include:

'Emeralds name'-booster membership



Thank you for supporting the Emeralds Booster Club. Your support is very important to the success of our organization.

Go Knights and Emeralds!