



**BEXLEY**  
**BOOSTERS**  
EQUIPPING OUR ATHLETES



**BEXLEY BOOSTERS MEMBERSHIP**

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Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Parent Email \_\_\_\_\_

I am willing to work \_\_\_\_\_

Sport of Interest \_\_\_\_\_

**Membership \$25.00**

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Make check payable to: *Bexley Athletic Boosters*

Mail to: **Kevin Rawlings**  
**501 Northview Dr.**  
**Bexley, OH 43209**