

Monarch High School Booster Club

MHS Booster Club

Parent Representative Form

Name of Group: _____ Date: _____

MHS Sponsor/Coach: _____

Parent Representative: _____

Address: _____

Phone: (H) _____ (M) _____

Email Address: _____

PLEASE NOTE: The person named above will be serving as the parent representative at the monthly MHS Booster Club meeting which is held the second Wednesday of each month at 7:00 p.m. in the Student Center.

Back-up Parent Representative: _____

Address: _____

Phone: (H) _____ (M) _____

Email Address: _____