

CHS Panther Booster Club Membership Form:

Name: _____
(as to be printed in activity program)

_____ Check here if you DO NOT want your name printed in program.

Address _____

City _____ State _____ Zip: _____

E-mail Address: _____

Phone Number: _____ - _____

Please check one Booster level:

_____ White Level (\$25+) _____ Orange Level (\$100+) _____ Black Level (\$250+) _____

Panther Level (\$500+) Amount \$ _____

Please check and complete for Legacy Scholarship:

_____ Legacy Scholarship Amount \$ _____

Total Check Amount \$ _____

Note: "Level" of support determined by adding Booster Level and Scholarship amount together.

Please make checks payable and mail to:

CHS Panther Booster Club

925 G road

Centralia, KS 66415