

# KNIGHTS SPORTS

## PARENT BOOSTER CLUB

*Supporting Bergen Tech Athletics and Keeping Its Families Informed*

\*\*\*\*If your child is considering playing a sport or cheerleading this year, please send in your membership form NOW so that we can provide you with important information about the athletic program.\*\*\*\*

**Our goal is 100% participation by all sports families.**

### Your membership helps us to:

- Connect you to our athletics community via e-mail updates, our team parent program & “Meet the Coaches” meetings.
- Help our teams excel by providing funding for team training, tournaments, & equipment not covered by the school athletics budget.
- Promote school spirit at all three BCTS Campuses.
- Award scholarships to outstanding graduating student-athletes.

To be eligible for a Knights Booster Scholarship, student-athlete’s family must be a Booster Member.

### SUPPORT OUR SCHOOL AND SPORTS PROGRAMS!



**Join us for our meetings at the Hackensack Campus  
For Meeting Dates and Times  
Go to [www.academypgo.com/sports.aspx](http://www.academypgo.com/sports.aspx)**



**Membership Fee: Only \$20 per family & includes family admission to home games.**

Please mail the bottom of this form with your check made payable to “Bergen Tech Boosters”

To: JoAnn Johnson- 11 Grove Street, Little Ferry, NJ 07643

E-mail us at [BTKnightsBoosters@gmail.com](mailto:BTKnightsBoosters@gmail.com)



*Please print clearly.*

Student’s Name(s): \_\_\_\_\_ CAMPUS: Hackensack \_\_\_ Teterboro \_\_\_ Paramus \_\_\_

Sports interest(s): \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Enclosed is our \$20 Membership.  We’ve enclosed an additional donation of \_\_\_\_\_.

I’d like to be a team parent representative for my child’s team. Parent’s name: \_\_\_\_\_