



Hollidaysburg Area School District
Booster Group Application

Date of Application: _____ Group Represented: _____

President Name: _____

Address: _____

Phone: Day: _____ Evening: _____

E-Mail: _____

Vice- President Name: _____

Address: _____

Phone: Day: _____ Evening: _____

E-Mail: _____

Secretary Name: _____

Address: _____

Phone: Day: _____ Evening: _____

E-Mail: _____

Treasurer Name: _____

Address: _____

Phone: Day: _____ Evening: _____

E-Mail: _____

Date: _____

Signature- Booster President

Date: _____

Signature- HASD Board of Directors President

Date: _____

Signature- Superintendent of Schools