

**GRIDIRON CLUB
of
MANSFIELD**

MEMBERSHIP 20__

Name: _____

Address: _____

Email: _____

Telephone: Area code (_____) _____

Please check if applicable.

Friend

Alumna- Class of _____

Parent of player _____ (_____)
(Player's name) (Class of_____)

Amount Paid: _____
Cash \$ Check \$ Bank & Check #

(Annual Membership is \$ 25.00 per person)

Please make checks payable to: **Gridiron Club of Mansfield**

Please mail to: **Gridiron Club of Mansfield
P. O. Box 481
Mansfield, MA 02048**