

# Northern High School Alumni Soccer

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Uniform Number \_\_\_\_\_ *(Requests will be honored on a first come, first serve basis)*

\_\_\_\_\_ I will be attending the match on August 20, 2010. My minimum \$30 contribution is enclosed. (Checks made payable to NHS Boys Soccer.)

\_\_\_\_\_ I will not be attending the match, but I would like to make a financial contribution. Persons who contribute the \$30 minimum will receive the Alumni Game T-Shirt. (Checks made payable to NHS Soccer Boosters.)

\_\_\_\_\_ I will not be able to attend the match; please keep me on the mailing list for future activities.

Please return the completed forms and contributions ASAP to:

Jaime Webster  
250 Carlyle Court  
St. Leonard, MD 20685

*If you are able to contact any alumni player, please let them know about this event. In addition, please return their contact information so that they can be added to our mailing list.*