

**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**