

# HSPN Membership/Donor Registration Form

\*Name and Address

\*E-mail address #1 :

\*Phone Number :

\* = Required

Team / Organization Membership	I Want to be a HSPN Donor	I Want to be a HSPN Donor	I Want to be a HSPN Donor
<p><i>(select all that apply)</i></p> <p> <input type="checkbox"/> Soccer      <input type="checkbox"/> Basketball  <input type="checkbox"/> Baseball    <input type="checkbox"/> Softball  <input type="checkbox"/> Track and Field  <input type="checkbox"/> Wrestling    <input type="checkbox"/> Football  <input type="checkbox"/> Swimming    <input type="checkbox"/> Volleyball  <input type="checkbox"/> Cheerleading  <input type="checkbox"/> Other: _____                 </p> <p>Organization/Team Name: _____</p> <p>Team Name(s) _____ _____ _____</p> <p>Levels ( MS, JV, Varsity) _____ _____</p>	<p style="text-align: center;"><i>Designate for...</i></p> <p><input type="checkbox"/> General Fund</p> <p><input type="checkbox"/> startup of the "Home Team" Magazine</p> <p><input type="checkbox"/> East Coast Basketball Championship</p> <p><input type="checkbox"/> Homeschool Museum and Hall of Fame</p> <p><input type="checkbox"/> Training Coaches and Camp Directors</p> <p><input type="checkbox"/> Workshops/Seminars</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><i>Designate for...</i></p> <p><input type="checkbox"/> General Fund</p> <p><input type="checkbox"/> startup of the "Home Team" Magazine</p> <p><input type="checkbox"/> East Coast Basketball Championship</p> <p><input type="checkbox"/> Homeschool Museum and Hall of Fame</p> <p><input type="checkbox"/> Training Coaches and Camp Directors</p> <p><input type="checkbox"/> Workshops/Seminars</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><i>Designate for...</i></p> <p><input type="checkbox"/> General Fund</p> <p><input type="checkbox"/> startup of the "Home Team" Magazine</p> <p><input type="checkbox"/> East Coast Basketball Championship</p> <p><input type="checkbox"/> Homeschool Museum and Hall of Fame</p> <p><input type="checkbox"/> Training Coaches and Camp Directors</p> <p><input type="checkbox"/> Workshops/Seminars</p> <p><input type="checkbox"/> Other: _____</p>
<input type="checkbox"/> <b>\$ 25.00</b>	<input type="checkbox"/> <b>\$ 25.00</b>	<input type="checkbox"/> <b>\$50.00</b>	<input type="checkbox"/> <b>\$ 100.00</b>
Annual	One-Time	One-Time	One-Time
		TOTAL	\$ _____

My signature below signifies an agreement with HSPN (Homeschool Sports Network) to become a HSPN member on an annual basis. . Upon receipt of your membership fee, you will receive your HSPN Membership ID# via e-mail.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ \_\_\_\_\_

***your signature***

Return to: **HSPN, 153 Old Linden Rd, Linden, VA 22642 540.636.3713**