



JUNIOR BONNIES (2008-2009) APPLICATION

Member's name(s): _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone number: () _____

Age: ____/____ Birth date: ____/____

School: _____

Grade: _____

Parent/Guardian Names: _____

(Parent/guardian signature)

T-shirt size (circle one)

Youth: (S) 6-8 (M)10-12 (L)14-16

*Please return this application with a \$15 check to:

Junior Bonnies Club
SBU Athletics
Box G
St. Bonaventure, NY 14778

*Make checks payable to St. Bonaventure Athletics