



Mabank Athletic Booster Club  
PO Box 1426  
Mabank, TX 75147  
[www.facebook.com/mabankathleticboosterclub/](http://www.facebook.com/mabankathleticboosterclub/)

Name of Parent / Sponsor \_\_\_\_\_

Please list the MABC activities that your Parent / Sponsor has participated in (*attach additional pages if necessary*)

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Please provide a brief statement about what Mabank Athletics has meant to you (*attach additional pages if necessary*)

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If you could wish for one single thing with a guarantee it would come true, what would you wish for and why?

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**APPLICATIONS MUST BE TURNED IN TO MHS COUNSELING CENTER NO LATER THAN 3:30pm, TUESDAY, APRIL 19<sup>TH</sup>, 2022.... NO EXCEPTIONS.**

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### Signature Page

By signing below, you acknowledge that all information provided on the previous pages is true and accurate to the best of your ability and recollection. **All signatures are required for application to be considered complete.**

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

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