

Lakeside Volleyball Booster Club

Contact Information

Player

Player Name(s): _____ Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Player Email: _____

Parent/Guardian

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Parent/ Guardian

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Lakeside Volleyball Booster Club

Booster Club Information

Thank you for joining the Lakeside Volleyball Booster Club. Attached you will find some very helpful information regarding the Lakeside Volleyball program.

The mission of the LHS Volleyball Booster Club is to support the players, coaches, and the school both on and off the court. We invite and encourage you to learn more about us through the season and to take an active role in the program. Running a booster club takes a lot of time and hard work. We are extremely lucky to have a full, dedicated coaching staff this season. Please take a moment to introduce yourself to our Head Coach - Angela Thompson, Varsity Assistant Coach and Trainer - Indira Roachford, and our JV Coach – Shane Roachford. We are excited to have this dedicated coaching staff. As a Booster Club, we do our best to make their job easier. Please contact me if you can help with any of the following:

**Team Parent
Banquet*
Fundraising**

**Concessions*
Senior Night
Other....**

Team Photographer

**Plans for these activities are TBD as guidance from the CDC, GHSA and Dekalb County continues to evolve.*

We are looking forward to a great season! Please visit our website at www.lakesidevolleyball.com frequently for updates and information. You may also contact me at lakesidevolleyballteams@gmail.com with any questions or comments.

2020-2021 Coaching Staff

Head coach – Angela Thompson angela_l_thompson@dekalbschoolsga.org
Varsity Assistant Coach– Indira Roachford Indira.roachford@gmail.com
JV coach- Shane Roachford shaneeroachford@gmail.com

2020-2021 Booster Club Board

Stacey Helenbrook, President: shelenbrook@outlook.com or lakesidevolleyballteams@gmail.com
Alyssa Withee, Past President: alyssa.withee@gmail.com
Lori Burke, Vice-President: lori.burke@highwoods.com
Sandy Skinner, Treasurer: lsvbtreasurer@gmail.com
Tim Withee, Webmaster: tawithee@yahoo.com

Thank you,
Stacey Helenbrook
LHS Volleyball Booster Club President

Lakeside Volleyball Booster Club

2020-2021 Booster Club Dues

The Lakeside Volleyball Booster Club provides girls with the opportunity to get quality training, experience and competition for the volleyball season. Each player's membership includes uniforms, practice and game equipment, tournament entry fees, awards banquet*, coaching fees, and referee fees, among other things.

We are only as strong as our membership. Because of this, we ask that each family pay dues for their student-athlete and become an active member of the Booster Club. Membership dues are \$300 for Varsity and \$250 for JV. There are also Family Booster Club memberships available.

Due the uncertain times we are in, instead of soliciting sponsors, this year we are request that each student-athlete secure a minimum of \$100 in donations. We are working on a social media campaign to help you meet and potentially exceed that goal.

Membership dues for the 2020—2021 season are due no later than August 24, 2020. Checks should be made payable to Lakeside Volleyball Booster Club.

Thank you for supporting Lakeside Volleyball!

Yes! We want to join the Lakeside Volleyball Booster Club for the 2020-2021 school year.

- Enclosed is a check made payable to LHS Volleyball Booster Club in the amount of (circle one) \$300 or \$250 for student-athlete membership dues.
- Family Booster Club memberships:
 - Dig-\$25 Set-\$50 Spike-\$100 other
- Dues present a hardship for our family at the present time. My student-athlete participates in the free/reduced breakfast/lunch program at LHS or HMS. The LHS Volleyball Booster Club has permission to verify this through the school. This information will remain confidential and dues will be waived for the year.

Student-Athlete's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

