

## Friends of Lowell High - Membership Application



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E Mail: \_\_\_\_\_

Names of Children and Expected Date of Graduation:

\_\_\_\_\_  
Name Graduation Year

\_\_\_\_\_  
Name Graduation Year

\_\_\_\_\_  
Name Graduation Year

Areas of Interest:

Band & Flags  
 Baseball  
 Basketball – Boys  
 Basketball – Girls  
 Cheerleading  
 Choral Arts  
 Crew  
 Cross Country  
 Field Hockey  
 Football  
 Golf

Gymnastics – Boys  
 Gymnastics – Girls  
 Ice Hockey  
 Lacrosse – Boys  
 Lacrosse – Girls  
 Latin Lyceum  
 Skiing  
 Soccer – Boys  
 Soccer – Girls  
 Softball

Swim - Boys  
 Swim - Girls  
 Tennis - Boys  
 Tennis - Girls  
 Track & Field - Boys  
 Track & Field - Girls  
 Theatre  
 Volleyball - Boys  
 Volleyball - Girls  
 Wrestling

\$20 pays for a Lifetime Membership. Please make checks payable to FLHS and mail to:  
Friends of Lowell High School  
PO Box 1264  
Lowell, MA 01853

Did you graduate from LHS?  
If so, what year? Please include maiden name if applicable.

\_\_\_\_\_

Please contact us at [friendsoflowellhighschool@gmail.com](mailto:friendsoflowellhighschool@gmail.com) with any questions.