

EAST CENTRAL ATHLETIC BOOSTER CLUB MEMBERSHIP APPLICATION 2011 -2012

(PLEASE PRINT CLEARLY)

NAME: _____

ADDRESS: _____

PHONE: (_____) _____ CELL PHONE: (_____) _____

Primary E-mail ADDRESS: _____

2nd E-mail ADDRESS (optional): _____

Note: Each Parent/Guardian or Sponsor should fill out a separate membership form

STUDENT NAME _____	GRADE (9-12) _____
SPORT(s) that student will participate in _____	
STUDENT NAME _____	GRADE (9-12) _____
SPORT(s) that student will participate in _____	

*Please check the EC Athletic Booster Club activities you would be interested in helping

Team Representative _____ (Sport) _____

Dinner/Fundraiser Committee _____ Sports Banquet Committee _____

Concession Stand _____ Spirit Booth _____ Game Programs Sales _____

MEMBERSHIP TYPES (CHECK ONE)

Received?

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | \$5.00 – General Member | NA |
| <input type="checkbox"/> | \$15.00 – Gold Star Member – EC Hornet Draw String Bag | Y / N |
| <input type="checkbox"/> | \$25.00 – Hornet Pride Member – EC Hornet Cap or EC Umbrella | Y / N |
| <input type="checkbox"/> | \$50.00 – Premier Membership – EC Blanket or Stadium Chair | Y / N |
- (Circle One)

Paid \$ _____ (Cash/Check) Check No. _____

Received By _____ Date Received _____