

Membership and Contribution Form 2013-14 School Year



Date _____

Sports Program Entry _____

(i.e. "Smith Family" or "Bill and Mary Smith". As you wish it to appear in the program (40 space limit) and complete all blanks below for our membership database) *PLEASE PRINT LEGIBLY*

Your Name _____

Mailing Address _____
(Street Address) (City) (Zip)

Phone _____ E-Mail _____

Can we send you occasional notices of athletic and Booster Club events via email? ____ YES ____ NO (check one)
See privacy notice at www.cgathletics.com

Please list first and last name of each High School child and any sport in which they will participate. Coaches see below*

Name _____ Sport(s) _____ Class _____

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*Coaches Only: Name _____ Sport(s) _____

Memberships:

F Friends of Center Grove Athletics \$20.00 \$ _____

R Red & White Booster \$50.00 \$ _____

S Super Booster (includes one all sports pass) \$150.00 \$ _____

*Name for All Sports Pass _____

T Trojan Club (includes four all sports passes and four discount cards) \$500.00 \$ _____

*Names (4) for All Sports Passes _____

Additional Contribution (sport desired) _____ \$ _____

Total Amount Enclosed (check # _____) \$ _____

Please contact me about the new corporate membership.

Mail this form and a check made payable to: Center Grove Athletic Booster Club, Inc.
Attn: Sheila Brunette
3526 Mullinix Rd Greenwood, IN 46143

Scan this QR code to join the CGABC online

