

Lowell Athletic Booster Club Membership Form

SUPPORT YOUR LOWELL ATHLETE

PLEASE FILL THIS FORM OUT COMPLETELY FOR OUR RECORDS. MEMBERSHIP BEGINS JUNE 1ST THROUGH MAY 31 OF THE FOLLOWING YEAR..IN ORDER FOR YOUR NAME TO APPEAR IN THE FALL SPORTS PROGRAM MEMBERSHIP APPLICATIONS NEED TO BE TURNED IN ON OR BEFORE AUGUST 1ST.

MEMBERSHIP ON PHYSICAL NIGHT WILL RESULT IN A \$5 DISCOUNT ON THE PHYSICAL.

Parents Name: _____ Phone: _____
(If divorced or separated please provide other parent information below)

Address: _____ Cell: _____

_____ Email: _____

Other Parent: If different than above

Name _____ Phone: _____

Address _____ Cell: _____

_____ Email: _____

Child Name-Grade-Sport

TYPE OF MEMBERSHIPS:(please mark membership of choice)

___ Patron \$25.00 Your name appears in program; Your name appears in Patron Section of Booster Board and you receive (1) free passes to an athletic event

___ Silver \$50.00 Your name appears in program; Your name appears in Silver Section of Booster Board and you receive (2) free passes to an athletic event

___ Gold \$ 100.00 Your name appears in program; Your name appears in Gold Section on Booster Board and you receive (2) free passes to an athletic event,
& a Booster Club T-Shirt

___ Red Devil \$ 250.00 Your name appears in program; Your name appears in the Red Devil Section on Booster Board and you receive (4) free passes to an athletic event,
& a Booster Club Polo Shirt

Gold & Red Devil Members: Please indicate Shirt Size: _____ Mens or Womens: _____

Check Amount: _____