

# SAVIO ATHLETIC BOOSTER CLUB

## Membership Form 2018-2019



\*Please email or drop this form off at the office to the attention of

*Evelina Heaney* (eheaney@saviochs.org)

PARENT NAME: \_\_\_\_\_

Family members to include in membership: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

MEMBERSHIP LEVEL	NAVY \$300	GOLD \$750	SOARING EAGLE \$1500
Admission-VB & BB Only (No free admission to FB: TAPPS Rules)	4	8 + 6 FB Tickets	8 + 10 FB Tickets
Member Gift	Yes	Yes	Yes
Name Recognition (Web/Program)	Yes	Yes	Yes
Program (1)	Yes	Yes	Yes: all versions
Rock Sport Credit		\$75	\$150
Savio Strong Appreciation BBQ		Yes	Yes
Shout Out Ad		Full Page	Full Page Both Programs
<b>SELECT DESIRED LEVEL</b>	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>	<input style="width: 100px; height: 30px;" type="text"/>

Company Match: I am submitting a company match request: \_\_\_\_\_ Company Name: \_\_\_\_\_

Athlete(s) participating- Name(s): \_\_\_\_\_

Which Sports? \_\_\_\_\_

### NOTES:

\*Admission: Savio Students w/ID are admitted free to basketball & volleyball games, (excludes playoffs)

\*\*Choose One Program for AD (if applicable) **FALL** \_\_\_\_\_ **SPRING** \_\_\_\_\_

**Select payment options: CHECK \_\_\_\_\_ CASH \_\_\_\_\_**  
**FACTS One-time payment \_\_\_\_\_**

**FACTS Payment options:** Please charge the following installments for my Booster Club Membership to my FACTS account: **Must receive form a minimum of 10 days prior to payment starting**

**Date of Month** (Circle one): 15<sup>th</sup>. Or the 30<sup>th</sup>. **Consecutive Months Starting:** \_\_\_\_\_

<b>NAVY - Payment 1</b>	<b>\$150</b>	<b>GOLD – Payment 1</b>	<b>\$250</b>	<b>SOARING EAGLE - Payment 1</b>	<b>\$500</b>
<b>Payment 2</b>	<b>\$150</b>	<b>Payment 2</b>	<b>\$250</b>	<b>Payment 2</b>	<b>\$500</b>
		<b>Payment 3</b>	<b>\$250</b>	<b>Payment 3</b>	<b>\$500</b>

**WE APPRECIATE YOUR SUPPORT OF SAVIO ATHLETICS!**