



Meridian Athletic Booster Club



Membership Form 2010-2011

Member Information

Parent(s) Name: _____

Email: _____ Phone: _____

Student Athlete(s) _____

Sports Involved In: _____

Donation Level

Cardinal Pride Level : **\$100.00**

Donation Includes: Window sticker or Cardinal Key Chain **AND** Choose **2** items

Umbrella Bag Chair **OR** check any lower level items from below

Red Level : **\$50.00**

Donation Includes: Window sticker or Cardinal Key Chain **AND** Choose **1** item

Blanket Duffle Bag **OR** check any lower level item from below

Black Level : **\$25.00**

Donation Includes: Window sticker or Cardinal Key Chain **AND** Choose **1** item

Booster T-Shirt Size _____ Seat Cushion Hat

White Level : **\$15.00**

Donation Includes: Window sticker or Cardinal Key Chain

Extra items available to Booster Members:

<input type="checkbox"/> Key Chain	\$ 8.00	X _____	(#) = \$ _____
<input type="checkbox"/> Window Sticker	\$ 8.00	X _____	(#) = \$ _____
<input type="checkbox"/> Seat Cushion	\$15.00	X _____	(#) = \$ _____
<input type="checkbox"/> Hat	\$15.00	X _____	(#) = \$ _____
<input type="checkbox"/> T-Shirt Size _____	\$15.00	X _____	(#) = \$ _____
<input type="checkbox"/> Umbrella	\$20.00	X _____	(#) = \$ _____
<input type="checkbox"/> Blanket	\$32.00	X _____	(#) = \$ _____
<input type="checkbox"/> Duffle Bag	\$32.00	X _____	(#) = \$ _____
<input type="checkbox"/> Bag Chair	\$45.00	X _____	(#) = \$ _____

Please turn form and money into the **SVHS athletic office**. *Checks can be written to **Meridian Athletic Booster Club**.
425 S. Pine Street, Stillman Valley, IL 61084

All forms turned in by "Cardinal Night" will be eligible to win a **Family of 4 Sport Season Pass**.

Office Use

Total Collected \$ _____ Cash Check # _____

Items: _____ Received : _____ Officer Initials _____