



LEGACY CHRISTIAN ACADEMY



ATHLETIC BOOSTER CLUB

MEMBERSHIP REGISTRATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Athlete's Name(s) & Grade: _____

**Each member will dedicate to help with 2 Athlete's Sports this school year.
Please circle all that apply:**

- | | | | |
|------------|----------|---------------|-------|
| Baseball | Softball | Volleyball | Cheer |
| Basketball | Soccer | Football | |
| Tennis | Golf | Track & Field | |

Please circle all areas you would be interested in helping:

- | | | |
|-------------------------|----------------------|------------------|
| Athletic Awards Banquet | Admission Gate | Concession Stand |
| Scorekeeper | After Game Clean-up | Parking |
| Football Chain Gang | Booster Club Dinners | |

Membership Fee \$30.00 per person Paid by:

Check Cash Receipt # _____ Received by: _____