



Atascadero Athletic Boosters Club, Inc

P.O. Box 71 Atascadero, CA 93423

MEMBERSHIP FORM

2016-2017 SEASON

Name (First and Last)

Name as it will appear in the Football Program

E-mail: *Please notify me about Booster Meetings*

Phone number:

Address:

City

State

Zip code

Please check what applies and total:

___ \$35 Bare Bones Booster \$ _____

___ \$125 Century Club prior 7/30/16 \$ _____

___ \$150 Century Club \$ _____

___ \$500 Hound Pack \$ _____

___ \$50 Each additional reserved
Football seat (athlete's
Sibling/grandparent only) \$ _____

TOTAL\$ _____

Century Club Members:

I would like season tickets for (choose ONE sport only)

Hound Pack & Century Club Members:

Reserve football seat assignments:

___ Same seats ___ Any seats ___ Move to: _____

Athletic Booster meetings are the 2nd Tuesday of each month, held in the Career center at the High School.

For any questions regarding membership, please contact Bettina Clary, (805) 234-6213

For Credit Card Payments please contact Ruby Loftis (805) 801-2009

Mail Completed Form and Payment to:

Atascadero High School Athletic Booster Club, Inc.
P.O. Box 71
Atascadero, CA 93423
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