

Chattahoochee High School

2009–2010 Athletic Booster Association Membership Registration

Family Name: _____	Other Family Members Including Player(s)	Family Relationship (Son, Daughter, Grandparent)	Grade
First Names: Father _____ Mother _____			
Parent Email: _____			
Street Address: _____			
City, State ZIP _____			
Phone Number: _____			

MEMBERSHIP LEVELS - PLEASE CHOOSE AND CHECK ONE					
	Super Cougar	Top Cat			Support Cat
	<input type="checkbox"/>	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/>
Total Donation	\$425	\$225	\$200	\$200	\$125
Donation to Sports Clubs	\$355	\$175	\$150	\$150	\$100
Tax Deductible Portion	\$240	\$135	\$110	\$100	\$125
Membership Includes:	<ul style="list-style-type: none"> Free admission for family members in same residence to all home sporting events * Free parking for Football Laminated membership cards 1 Booster Club Magnet 	<ul style="list-style-type: none"> Free admission for family members in same residence to all home sporting events in the season selected above * Membership cards for all family members 			

SPORTS CLUB DONATIONS		
Fall Sports	Winter Sports	Spring Sports
<input type="checkbox"/> Competition Cheers	<input type="checkbox"/> Basketball Cheers	<input type="checkbox"/> Dugout Club (Baseball)
<input type="checkbox"/> Cross Country Club	<input type="checkbox"/> Swim Club	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Diamond Club (Softball)	<input type="checkbox"/> Takedown Club (Wrestling)	<input type="checkbox"/> Hole-in-One (Golf)
<input type="checkbox"/> Gridiron Club (Football)	<input type="checkbox"/> Tip Off Club (Basketball)	<input type="checkbox"/> Lacrosse Club
<input type="checkbox"/> Side Out Club (Volleyball)		<input type="checkbox"/> Soccer Club
		<input type="checkbox"/> Tennis Club
		<input type="checkbox"/> Track Club

Write the donation amount for each Club in \$5 increments for the amount in the "Donation to Sports Clubs" for the Membership Level that you selected. (These increments can only be adjusted PRIOR to the season of the sport)

Return form and check to your Sports Club or:
 Judy McMahan
 CHSABA Membership
 4950 Red Robin Ridge
 Johns Creek, GA 30022
 E-mail - judith_mcmahan@transwestern.net

Remittance:		
	Amount	
Membership		
Additional to:		
Sports		
Facilities Improvement		Check #
Total		

Credit Card Info:	Check One: <input type="checkbox"/> VISA <input type="checkbox"/> Master Card	Expiration Date:
Number		
Signature		CCID or Security Code (Last 3 Digits From Back)

Additional contributions for facilities capital improvement are encouraged, appreciated, and fully tax deductible.