



TOPEKA HOCKEY BOOSTER CLUB 2009-2010 Membership Application

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ OTHER PHONE: _____

E-MAIL ADDRESS: _____

SINGLE MEMBERSHIP (\$15) _____

COUPLE MEMBERSHIP (\$20) _____

MEMBER ONE NAME-DOB: _____

MEMBER TWO NAME-DOB: _____

FAMILY MEMBERSHIP* (\$30) _____

MEMBER ONE NAME-DOB: _____

MEMBER TWO NAME-DOB: _____

MEMBER THREE NAME-DOB: _____

MEMBER FOUR NAME-DOB: _____

MEMBER FIVE NAME-DOB: _____

**FAMILY MEMBERSHIP IS 2 PEOPLE OVER AGE 16 AND CHILDREN UNDER AGE 16.*

COMMITTEES YOU ARE INTERESTED IN:

CARD COMMITTEE ROAD TRIP COMMITTEE SNACK COMMITTEE

SIGN COMMITTEE FUNDRAISER COMMITTEE NOMINATION COMMITTEE

SUGGESTED ACTIVITIES FOR THIS SEASON? (USE BACK FOR DETAIL) _____

-----ADMINISTRATIVE USE ONLY-----

PAYMENT RECEIVED

ENTERED INTO MEMBER DATABASE

***Memberships are considered a donation to the Topeka Hockey Booster Club-and are non-refundable.*