



CALVARY KNIGHTS ATHLETIC BOOSTER CLUB
*We Back the **GREEN** and **BLACK!***

2009-2010
MEMBERSHIP INFORMATION

SUPPORT CCS ATHLETICS - JOIN ***THE SHIELD***

2009-2010 MEMBERSHIP LEVELS

FAMILY MEMBERSHIP - \$100.00

Admission for up to SIX (6) FAMILY members within the same "household" to all Knights home athletic events (Excluding Playoff and Post Season Play)

SINGLE PARENT MEMBERSHIP - \$50.00

Admission for One (1) Parent and a Guest to all Knights home athletic events (Excluding Playoff and Post Season Play)

GRANDPARENT MEMBERSHIP - \$50.00

Admission for TWO (2) Grandparents or One Grandparent and a Guest to all Knights home athletic events (Excluding Playoff and Post Season Play)

ALUMNI MEMBERSHIP - \$25.00

Admission for One (1) * CCS Alumni and a Guest to all Knights home athletic events
*(Both whom are current college students)
(Excluding Playoff and Post Season Play)

CALVARY STUDENT MEMBERSHIP - \$25.00

Admission for One (1) Current Calvary Student (Not involved in athletics) to all Knights home athletic events (Excluding Playoff and Post Season Play)

FAMILY MEMBERSHIP – Reserved Seats \$150.00

Admission for up to SIX (6) FAMILY members within the same "household" to all Knights home athletic events (Excluding Playoff and Post Season Play)

INCLUDES Two (2) Reserved Stadium Seats in a Reserved Section for all Athletic events held in the CCS Student Center Stadium Seats will be kept at the Student Center and distributed to Members at all events

ALL MEMBERS WILL RECEIVE A CUSHIONED SEAT AND ACCESS TO EXCLUSIVE *THE SHIELD* SPIRIT WEAR

Cushioned seats to be delivered by the middle of September



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MEMBERSHIP LEVEL ORDER FORM

Name: _____

Student Name: _____

Grade & Homeroom: _____

Address: _____ Phone Number: _____

_____ Alt #: _____

Email Address: _____

FAMILY MEMBERSHIP - \$100.00

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

STADIUM SEAT OPTION - ADD \$50.00

PARENT MEMBERSHIP - \$50.00

1. _____
2. GUEST

GRANDPARENT MEMBERSHIP - \$50.00

1. _____
2. _____

ALUMNI MEMBERSHIP - \$25.00

1. _____
2. GUEST

CCS STUDENT MEMBERSHIP - \$25.00

Payment Method

Check Credit Card Cash

Check #: _____ Date Received: _____

Credit Card #: _____

Exp Date: _____

CVV: _____

Authorization _____

Signature: _____

Total Amount Due: _____

1st Payment: _____

2nd Payment: _____

3rd Payment: _____

4th Payment: _____

AUGUST - NOVEMBER

Booster Club Member Contact ore Referral:

Name Phone #