2019-20 Crusader Booster Club Membership Application

Name (includin	g spouse)	•					
Address:							
Phone:				Email address:			
Student(s) Nam	ne:						
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	Level	f Membersh	np - Piea	se Check (Jne		
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* All booster ch	ib passes, exc	ept the sponsorsi	mp, menude	entrance to reg	guiar season games	omy.	
Please ma	<mark>ke your c</mark>	hecks payab	le to : E	CS Crusad	<mark>er Booster Cl</mark>	ub	
	•				e following addre y., Hartsville, SC		
Membership dues	received b		e Use Only	Check #	Cash:		