

Crusader Booster Club Membership Application

Name (including spouse): _____

Address: _____

Phone: _____ Email address: _____

Student(s) Name:

Level of Membership - Please Check One

- | | |
|--------------------------|---|
| <input type="checkbox"/> | \$150.00 Family Membership (Season Passes for Immediate Family) |
| <input type="checkbox"/> | \$100.00 Individual Season Pass |
| <input type="checkbox"/> | \$50.00 Senior Citizen Membership - Single - Ages 55 and up |
| <input type="checkbox"/> | \$75.00 Senior Citizen Membership - Couple - Ages 55 and up |
| <input type="checkbox"/> | \$25.00 Sponsorship (does not allow entry to any home games) |

* All booster club passes, except the sponsorship, include entrance to regular season games only.

Please make your checks payable to : ECS Crusader Booster Club

This form may be turned in at the school office, or mailed to the following address:
Crusader Booster Club, Attn: Stacie McElveen 1001 N. Marquis Hwy., Hartsville, SC 29550

Office Use Only

Membership dues received by: _____ Check # _____ Cash: _____
