

ELLINGTON ATHLETIC BOOSTER CLUB
Membership Application

Name

Address

City, State, Zip Code

Phone (_____) _____

Email _____

Check One:

- ____ Family Membership **\$10.00**
- ____ Bronze Membership **\$25.00**
- ____ Silver Membership **\$50.00**
- ____ Gold Membership **\$100.00** *Includes season pass to regular season home basketball games.*
- ____ Platinum Membership **\$250.00** *Includes season pass to regular season home basketball games, name on plaque displayed at EHS.*

Student Name

School Attending: EHS or EMS

(1) _____

(2) _____

(3) _____

OR please list if you are an alumnus, teacher, coach or other: _____

I would like to help with: Concession Awards Nights

Make checks payable to: *Ellington Athletic Booster Club*

Remit to:
Ellington Athletic Booster Club, P.O. Box 2, Ellington, CT 06029