

Eye of the Storm Booster Club, Inc.

Membership Application

2020-2021

Athlete: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone: _____

Parent/Guardian/Caregiver: _____

Email: _____

Choose from the following:

___ **new member \$200**

___ **returning member \$100**

Fees payable by cash, check or charge payable to:

Eye of the Storm Booster Club

8359 Sycamore Rd.

Millersville, MD 21108

Please note there will be a \$35 return check fee