

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Print my name in the program as follows: \_\_\_\_\_



Thank  
You!

**Membership Choice: (check one)**

**RED \$20** -----  **TIGER \$125** -----

**GRAY \$40** -----  **SUPERTIGER \$300** -----

For 'TIGER' membership, please check the box of season ticket choice:

Football       Soccer       Volleyball

Girl's Basketball       Boy's Basketball

PLEASE MAIL THIS PORTION  
OF THE FLYER

ALONG WITH THE CHECK TO:

**HURON ATHLETIC BOOSTER CLUB**  
**P.O. BOX 184**  
**HURON, OHIO 44839**  
**Attention: Membership**