

BRUNSWICK ATHLETIC FOUNDATION

2016-2017 Membership & VIP Seat Order Form

Family Last Name: _____ First Name(s): _____

Email Address: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Add'l Phone: _____

BHS Alumni (circle): Yes or No If yes, BHS Graduation Year(s): _____

If you are a parent of a student athlete(s), please list below the sport(s) in which your child/ren participate.

BUILD MY MEMBERSHIP PACKAGE

Basic Membership @ \$30  \$ _____

ADD Ons:

Please indicate the items you would like added to your membership by placing an "X" in the box next to each item.

NOTE: Discounted prices are available **ONLY** on orders postmarked by 8/17/16 or purchased online via ticketracker by 8/17/16

Reserved Parking Pass (LIMIT OF 1)

Quantity _____ @ \$25 **discounted price available only thru 8/17/16** = \$ _____

Quantity _____ @ \$30 price on or after 8/18/16 = \$ _____

All Sports Pass (LIMIT OF 2)

Quantity _____ @ \$65 **discounted price available only thru 8/17/16** = \$ _____

Quantity _____ @ \$70 price on or after 8/18/16 = \$ _____

VIP Seats (no limit)

Quantity _____ @ \$40 **discounted price available only thru 8/17/16** = \$ _____

Quantity _____ @ \$45 price on or after 8/18/16 = \$ _____

TOTAL MEMBERSHIP PACKAGE COST \$ _____

Did you have VIP Seats last year as part of your membership? (circle one) Yes or No

If "yes", would you like the same seats again this year? (circle one) Yes or No

If "yes", what were your seat numbers? _____

VIP Seats ONLY

I am not interested in a BAF membership, but would like to purchase VIP Seats for the home varsity football games.

Quantity _____ @ \$40 **discounted price available only thru 8/17/16** = \$ _____

Quantity _____ @ \$45 price on or after 8/18/16 = \$ _____

Did you have VIP Seats last year Yes or No

If "yes", would you like the same seats again this year? (circle one) Yes or No

If "yes", what were your seat numbers? _____

FRIEND of BAF

I am not interested in a membership but would like to make a tax deductible donation to the Brunswick Athletic Foundation.

I understand that if I make a donation of at least \$25, I may purchase 1 Reserved Parking Pass.

The cost of the pass will be \$25 if postmarked by 8/17/16, after that the cost of the Reserved Parking Pass will be \$30.

DONATION AMOUNT \$ _____

Reserved Parking Pass (if applicable & interested - LIMIT of 1) \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Please mail your completed form and check to Brunswick Athletic Foundation, P.O. Box 402, Brunswick, OH 44212.

If you wish to pay for your BAF membership or VIP seats using a credit card, please use the **ticketracker** link on the BHS athletic dept. website.