



2018-2019  
FOSTER HIGH SCHOOL  
ATHLETIC BOOSTER CLUB MEMBERSHIP FORM  
(Please print clearly & complete all fields)



Family Last Name \_\_\_\_\_

Parent/Guardian # 1 Name \_\_\_\_\_

Parent/Guardian # 2 Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian # 1 Cell Phone \_\_\_\_\_

Parent/Guardian # 1 E-mail \_\_\_\_\_

Parent/Guardian # 2 Cell Phone \_\_\_\_\_

Parent/Guardian # 2 E-mail \_\_\_\_\_

Foster student athletes in your family

Full Name	Grade	Sport 1	Sport 2	Sport 3
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2018-2019 MEMBERSHIP LEVELS

(check one)

<input type="checkbox"/>	Family	\$ 25.00
<input type="checkbox"/>	Gold/White Club (includes one membership decal)	\$ 100.00
<input type="checkbox"/>	Gold/White Club Extra Decals # _____ @ \$10.00 each	\$ _____

TOTAL DUE: \$ \_\_\_\_\_

Payment made by: ☐ Cash ☐ Check Number \_\_\_\_\_ ☐ Credit Card (see back)  
(sign below)

Make Checks Payable to FHS ABC and please sign disclaimer below.

By signing below I agree to pay the check amount plus all banks fees incurred for a returned check due to non-sufficient funds.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature

\*\*\*If using a credit card, please complete the authorization on the backside of this form.\*\*\*  
FHS ABC is a tax-exempt 501 (c) (3) organization and all donations are tax deductible as allowed by current tax laws.  
FHS ABC's current fiscal year is July 1, 2018 through June 30, 2019



2018-2019  
FOSTER HIGH SCHOOL  
ATHLETIC BOOSTER CLUB CREDIT CARD AUTHORIZATION  
(Please print clearly & complete all fields)

CREDIT CARD HOLDER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING CITY, STATE, ZIP: \_\_\_\_\_

BILLING PHONE #: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

3 DIGIT SECURITY CODE (CIN): \_\_\_\_\_

AMOUNT TO DEBIT: \$ \_\_\_\_\_

By signing below I acknowledge that this is my account, and I have authorized FHS ABC to charge my account for the amount indicated above for my Booster Club Membership Fee for the 2018-2019 school year.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**MISSION STATEMENT**

FOSTER HIGH SCHOOL ATHLETIC BOOSTER CLUB'S  
MISSION IS TO PROMOTE SCHOOL SPIRIT AND  
PROVIDE FINANCIAL SUPPORT TO THE SCHOOL'S  
ATHLETIC PROGRAMS AND ENHANCE ALL  
SPORTS TEAMS.