

# *Skyhawk Athletics*

## *Booster Club*

### *Membership Form 2017-18*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Is this a joint gift with your spouse?  Yes  No

Spouse's Name \_\_\_\_\_

Your SVCC Athletic Story (optional) \_\_\_\_\_

***Are you currently or were you ever a:***

SVCC Athlete

Sport \_\_\_\_\_

Years Played \_\_\_\_\_

Parent of an SVCC Athlete

Athlete's Name \_\_\_\_\_

Sport \_\_\_\_\_

Years Played \_\_\_\_\_

***(Please check all that apply)***

SVCC Alumni

academic years attended \_\_\_\_\_

### **Donations**

Please indicate which program you would like your donation to benefit. Amounts may be split in any increment.

\_\_\_\_\_ Men's Basketball

\_\_\_\_\_ Women's Basketball

\_\_\_\_\_ Men's Cross Country

\_\_\_\_\_ Women's Cross-Country

\_\_\_\_\_ Men's Tennis

\_\_\_\_\_ Women's Tennis

\_\_\_\_\_ Golf

\_\_\_\_\_ Volleyball

\_\_\_\_\_ Baseball

\_\_\_\_\_ Softball

Donation Amount \_\_\_\_\_

### **Membership**

\_\_\_\_\_ Punch Card \$12  
*(Includes 5 games for \$12 and Skyhawk Sport Email updates)*

\_\_\_\_\_ Student\* \$15

\_\_\_\_\_ Single\* \$25

\_\_\_\_\_ Family\* \$50  
*(Includes 3 passes—\$20 each additional pass)*

\_\_\_\_\_ Business\* \$75  
*(Includes 5 passes—\$20 each additional pass)*

*\*Admission to all SVCC home regular season games and annual pizza party.*

### **For more information contact:**

Athletic Office  
Sauk Valley Community College  
173 IL Route 2  
Dixon IL 61021  
Phone: 815-835-6234  
Fax: 815-285-1327

