

# Austintown Fitch Soccer Booster Club

Associate Membership Form 2010-2011

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Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: (h) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_

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

Payment: Cash: \_\_\_\_\_ Chk# \_\_\_\_\_

(Pay to: Austintown Fitch Soccer Booster Club)

Mail to: PO Box 4752  
Austintown, OH 44515

Your paid membership includes a Free Booster Club T-Shirt and 2010 program.

Shirt Size: \_\_\_\_\_

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