

TROY ATHENS ATHLETIC BOOSTERS FOUNDATION

Membership Application

www.athensathleticboosters.org

\$25.00 Annual Dues at the time Registration

Student Athlete Name(s):

_____ Grad year ____ Sport(s): _____

_____ Grad year ____ Sport(s): _____

_____ Grad year ____ Sport(s): _____

Parent Last Name _____ First Name _____ Phone: _____

Parent Last Name _____ First Name _____ Phone: _____

Address _____ Zip Code _____

Email Address(es) _____

AHS student siblings and dependent college student siblings can also earn points for AHS student athletes. Please list any siblings that qualify:

_____ Grade/Graduation year _____

_____ Grade/Graduation year _____

Your completed form and check payable to *Troy Athens Athletic Boosters Foundation (TAABF)*

may be turned in at registration or mailed to:

Troy Athens Athletic Boosters Foundation

ATTN: Membership

4333 John R Road

Troy, MI 48085

All TAABF members have the opportunity to earn a monetary grant (underclassmen) or scholarship (seniors) for their student athlete(s). Certain requirements must be met for **each** athlete to be eligible for the award (see the TAABF website for complete information).

By signing below, I acknowledge that it is my responsibility to understand all scholarship and grant requirements – including membership deadlines, meeting attendance, volunteer point accumulation, and application deadlines. I am aware that this information can be found on the TAABF website and on the scholarship/grant application form. I also understand that if our family does not fulfill all of the stated requirements; my student athlete(s) will not be eligible for a TAABF grant or scholarship. TAABF may communicate with me, via the email addresses I have provided. TAABF may use my email addresses to request my opinion and/or input on any survey that TAABF may run.

I understand the above requirements: (please sign) _____ **Date** _____