



2026-2027 TCHS Baseball Booster Club Membership Form

PLAYER'S INFORMATION		
Name:		
Grade:	Player Cell Phone:	
Player Email:		
PARENT / GUARDIAN INFORMATION		
	PARENT 1	PARENT 2
Name:		
Address:		
City, ST		
Home Phone		
Cell Phone		
Email Address		
Occupation		
IN ORDER TO MAKE THIS PROGRAM A SUCCESS, YOUR HELP IS GREATLY NEEDED PLEASE INDICATE WHICH PROGRAMS YOU WOULD BE INTERESTED IN VOLUNTEERING BELOW.		
Communications and Social Media	Spirit Wear / Merchandise	Advertising/Media Guide
Concessions	Special Events	Game Day Operations
Fundraising	Sponsorship / Business Partnerships	Scholarship
Team Meals Coordinators	Booster Membership Coordinator	
MEMBERSHIP FEE: \$35		
Payments: Cash, Check payable to TCHS Baseball Booster Club, Venmo @tchsbasketballbooster, or Zelle tchsbasketballbooster@gmail.com		
(BOARD USE ONLY) : DATE PAID ____/____/____ AMOUNT PAID: \$ _____ Cash/Check/Venmo/Zelle		