

WESTVIEW CHARGER BOOSTER CLUB
P. O. Box 377
Martin, TN 38237
Membership Application

NAME: _____

ADDRESS: _____

TELEPHONE: Home: _____ Cell: _____

E-MAIL ADDRESS: _____

* Please list name below as you want it listed on the Acknowledgement Board in the gym.
If you choose either the Round Table, Knight, Charger, or Patron Category

* _____

MEMBERSHIP CATEGORIES
(Please Check One)

ROUND TABLE (5 OR MORE ALL SPORTS PASSES)

Minimum Donation: \$500.00 and UP
One All Sports Pass per \$100.00 Donated
Listing on Special Membership Board in Westview's Basketball Gym.

KNIGHT (3 OR 4 ALL SPORTS PASSES)

Minimum Donation: \$300.00 or \$400.00
One All Sports Pass per \$100.00 Donated
Listing on Special Membership Board in Westview's Basketball Gym.

CHARGER (2 ALL SPORTS PASSES)

Minimum Donation: \$200.00
One All Sports Pass per \$100.00 Donated
Listing on Special Membership Board in Westview's Basketball Gym.

PATRON (1 ALL SPORTS PASS)

Minimum Donation: \$100.00
One All Sports Pass per \$100.00 Donated
Listing on Special Membership Board in Westview's Basketball Gym.

MEMBER (\$25.00 to \$99.99)

Minimum Donation: \$25.00

BOOSTER CLUB USE ONLY BELOW

Date: _____ **Amount Received:** _____

Check Number: _____ **Cash:** _____ **Membership Card #** _____

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BASKETBALL CHAIR SEAT APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE: Home: _____ Cell: _____

E-MAIL: _____

_____ **Seat(s) X \$35.00 per seat = \$** _____

SECTION _____

SEAT # _____, # _____, # _____, # _____, # _____

_____ # _____, # _____, # _____, # _____, # _____

NOTE: ELIGIBILITY REQUIREMENTS

To be eligible to purchase a chair seat in the Westview Gym, you must be a current member of the Westview Booster Club at the "Patron Level or Higher" and have an All Sports Pass. Any Westview Booster Member that satisfies this requirement is eligible to purchase as many chair seats that are needed. The only exception to this requirement is for teachers that have an Admission Pass and are not required to buy a ticket for sporting events.

BOOSTER CLUB USE ONLY BELOW

Date: _____ **Amount Received:** _____

Check Number: _____ **Cash:** _____ **Membership Card #** _____