Comet Booster Club

"Once A Comet Always A Comet"

Membership Application

Member's Name (s) _____ _____

(One name per card) _____ _____

_____ _____

_____ _____

Address _____

Street Zip Code

Phone _____ **Email address** _____

Types of Membership - (Please check membership of choice)

Blue and Gold Club

____ Year Long Family Card (2 adults and all children under 21) **$110/family**

Comet Club

____ Single Season Family Card (2 adults and all children under 21) **$50/family**

Fall _____ Winter_____ Spring _____

Student Club

___ Year Long Student Card **$30/student**

___ Single Season Student Card Fall _____ Winter_____ Spring _____ **$15/student**

Senior Citizen Club

____ Year Long Card **$50/couple**

____ Single Season Card Fall _____ Winter_____ Spring _____ **$20/couple**

Individual Club

_____ Year Long Card **$60/person**

____ Single Season Card Fall _____ Winter_____ Spring _____ **$30/person**

Supporting Member No Cards issued **$5 Donation**

Please make checks payable to "Comet Booster Club" and return with application to:
Comet Booster Club, c/o Kevin Beard, 4 Sweetgum Court, Catonsville, MD 21228 Phone: 410-455-9592

Note: County and State regulations do not recognize Booster Club memberships for admission to any playoff games. Find us on the web: catonsvillehs.bcps.org

7/09