



Hudson Athletic Booster Club 2011-2012 Membership

Membership Donation Level	Football/ Basketball	Adult	Student	Reserved	Stadium					
	Reserved Seats	Season Pass	Season Pass	Football Parking	Umbrella/ Blanket	Seat/ Field Seat	Travel Mug	Seat Cushion	Hat/ Bandana	
Super Booster*	\$450	Two	Two	All*	Yes	Choice	Choice	Yes	Yes	Choice
Family Gold	\$275	--	Two	One	Yes	Choice	Choice	Yes	Yes	Choice
Explorer	\$125	--	One**	--	--	--	--	Yes	Yes	Choice
Booster	\$50	--	--	--	--	--	--	--	--	Choice

***ALL CHILDREN up to 18 years of age in your Super Booster Family will receive a season pass for all sports admissions and your children 6th grade and younger will be seated with you IN THE RESERVED SEAT SECTION.**

****One additional adult season pass is available for \$75 at the Explorer level.**

All season passes are good for admission to all Regular Season Home Games for HHS and HMS (Football, Soccer, Swimming, Volleyball, Ice Hockey, Basketball, Gymnastics, Wrestling and Lacrosse) — playoff games require separate admission.

EXCEPT FOR SUPER BOOSTER FAMILIES, STUDENT PASSES ARE AVAILABLE ONLY TO HMS AND HHS STUDENTS

Certificates will be mailed for the student pass, to be **REDEEMED BY THE STUDENT** (or by you for your child 6th grade and younger) at the High School or Middle School Athletic Office. Bring a small photo for the pass. Student passes may also be purchased at the School Athletic Offices.

Drop off this form with payment to the athletic office or Mail this form with payment to: Hudson Athletic Booster Club, P.O. Box 274, Hudson. OH 44236

PLEASE SIGN ME UP FOR A _____ MEMBERSHIP.

_____**Additional Student Passes for Super Booster**

(do not include children with reserved seats - they will receive passes separately)

_____**Additional Reserved Seats for children 6th Grade and younger for Family Super Booster**

One Additional **ADULT** Season Pass (**Super Booster and Explorer Only**) \$75

Include _____ Extra **STUDENT** season passes (**Sold Only With HABC Membership** \$40 each)

TOTAL ENCLOSED (PAYABLE TO HUDSON ATHLETIC BOOSTER CLUB):

\$ _____

\$ No Charge

\$ No Charge

\$ _____

\$ _____

\$ _____

Name: _____

(As you want it published in the program i.e. Jones Family, Jim and Jill Smith, etc.)

Address: _____

Email: _____

Phone: _____

THIS PORTION MUST BE COMPLETED FOR ALL HUDSON HIGH SCHOOL STUDENT ATHLETE FAMILIES

List **ALL** sports your high school student athlete(s) will participate in to receive team credit

Hudson School Student Athlete

Full Name _____	Grade _____	Sports _____
(first and last)	Grade _____	Sports _____
_____	Grade _____	Sports _____
_____	Grade _____	Sports _____

**Questions? Call:
Angie Lewis
330-653-9803**