

Tri County Academy
Athletic Booster Club
Membership Form

Name _____

Address _____

Phone # _____ Email _____

Return form with check made payable to Tri County – PO Drawer K, Flora, MS 39071

	<u>Number</u>		<u>Cost</u>	<u>Total</u>
All Sports Pass (1 person)	_____	X	\$75.00	\$_____
Reserved Football Parking	_____	X	\$100.00	\$_____
Reserved Baseball Chairback Seats	_____	X	\$100.00	\$_____
				Total \$_____

	<u>Number</u>
Reserved Basketball Chairback Seat <u>waiting list</u>	_____
Reserved Softball Chairback Seat <u>waiting list</u>	_____

If you have any questions please contact:
Kim Webb- 601-826-0006

Please indicate how you would like to receive your passes:

_____ Pick up at Meet the Rebels on August 14th

_____ Pick up at TCA office

_____ By mail