

FENCING INSTITUTE OF TEXAS
Booster Club Voting Member Application

Information collected on this form is used for FIT Booster Club members only and is not shared or sold with other organizations or businesses. Although all FIT fencers and parents are automatically non-voting members of the FIT Booster Club, only dues paying members who are 18 years or older on 1 August receive voting member privileges. Annual membership dues are \$15 per person. Dues are payable each August 1st. Make checks payable to "FIT Booster Club." A separate form must be received for each voting member.

The mission of the FIT Booster Club is to operate exclusively under the auspices of the Fencing Institute of Texas 501(c)(3) non-profit status by providing positive and active moral support and assistance for the benefit of FIT fencing programs; by providing sound financial assistance through fund raising activities and the acceptance of donations; and to do all things incidental to or desirable in connection with the foregoing.

APPLICANT'S NAME:

ADDRESS

CITY STATE ZIP CODE

E-MAIL ADDRESS:

SECONDARY E-MAIL ADDRESS:

HOME TELEPHONE:

OTHER TELEPHONE NUMBER(S) (please tell us who the number is for and if it is a cell or business phone):

Cell Phone Business Phone NAME: Phone Number

Cell Phone Business Phone NAME: Phone Number

Cell Phone Business Phone NAME: Phone Number

The Booster Club **HAS** my permission to publish all the above information in a Booster Club Directory to be distributed solely to FIT Booster Club Members for booster club purposes only.

The Booster Club **DOES NOT HAVE** my permission to publish any of the above information in a Booster Club Directory to be distributed solely to FIT Booster Club Members for booster club purposes only.

The Booster Club has my permission to publish **only the following information** in a Booster Club Directory to be distributed solely to FIT Booster Club Members for booster club purposes only:

Please tell us about any special talent or idea for fund raising, coach/fencer recognition programs, etc., you might have:

What committees or events you are particularly interested in helping or supporting:

Are there any times you are NOT available to help with tournaments, fund raising, etc?

Please complete both sides of this form and place the form along with your dues in the FIT Payment Box. Make checks payable to "FIT Booster Club."

FIT Booster Club Voting Member Application

FENCER INFORMATION (please use additional pages as necessary):

This is My information My Child's information Name:

Weapons fenced: Epee Foil Saber Select Coach:

How long have you fenced? Years: Months How long have you fenced at FIT? Years: Months

The above fencer currently competes in (please check all that apply):

- | | |
|-----------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> FIT club tournaments | <input type="checkbox"/> Regional Circuit tournaments (RYC and SSCC) |
| <input type="checkbox"/> North Texas Division tournaments | <input type="checkbox"/> National tournaments (NAC, JO's, Summer Nationals) |
| <input type="checkbox"/> Southwest Section tournaments | <input type="checkbox"/> International tournaments (World Cup, Pan-Am, etc.) |

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The Booster Club **HAS** my permission to publish the fencer(s) information listed above in a Booster Club Directory to be distributed solely to FIT Booster Club Members for Booster Club purposes only.

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The Booster Club **HAS** my permission to publish **ONLY THE FOLLOWING INFORMATION** in a Booster Club Directory to be distributed solely to FIT Booster Club Members for Booster Club purposes only:

Please list: