



EZEKIEL ACADEMY ATHLETIC CLUB



2018-2019 MEMBERSHIP APPLICATION

Check us out on the web at www.ezekielacademy.org
Contact Athletic Club President juliegray1@bellsouth.net

The **EZEKIEL ACADEMY ATHLETIC CLUB (EAAC)** is a support organization comprised of dedicated parents, guardians, alumni, coaches, teachers, school administrators, and community members. The EAAC supports **ALL** teams and athletes of Ezekiel Academy (EA).

(1) Name _____

(2) Name _____

Address _____ City _____ Zip _____

Home Phone _____

(1) Telephone (Cell) _____ (work) _____

(2) Telephone (Cell) _____ (work) _____

(1) Email: _____

(2) Email: _____

Child/Student name (1): _____ Age: _____ Grade: _____

Child/Student name (2): _____ Age: _____ Grade: _____

Child/Student name (3): _____ Age: _____ Grade: _____

Child/Student name (4): _____ Age: _____ Grade: _____

Child/Student name (5): _____ Age: _____ Grade: _____

Would you like to serve? Tell us Where...

_____ Athletic Committee

_____ Fundraisers/Sponsorships

_____ Membership Recruitment

_____ Work in Concessions for Events

_____ Awards programs

_____ Communications for Events/Function

Other: _____

Signature _____ Date _____

Method of Payment (\$125.00) Check # _____ Cash _____ Received By: _____