



KNIGHTS ATHLETIC BOOSTER CLUB

Member Application

- \$15.00 Individual Membership (Annual)
- \$100.00 Century Club Individual Membership (Lifetime)

Name: _____

Address: _____

Mobile #: _____ Home: _____

Email: _____

Alumni: Yes _____ No _____ Graduation Year: _____ SHS Staff: Yes _____ No _____

Student Athlete Information

Name/Grade: _____

Sport(s): _____

B Team _____ JV _____ Varsity _____

Return form and check payable to: Knights Athletic Booster Club

Knights Athletic Booster Club
 Attn: Membership
 PO Box 225
 Goose Creek, SC 29445

For Payment by CC Online Invoice Please Email: shsathleticboosterclub14@gmail.com

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Official Use Only

Date Paid: _____ Amount: _____ Cash _____ Check# _____

CC# _____ Exp _____ Billing Zip _____ CVV _____

Membership Type _____