

ANGELO STATE BELLE VOLLEYBALL
PARENT SUPPORT TEAM APPLICATION



_____ **\$250 BASIC MEMBERSHIP INCLUDES THE FOLLOWING:**
2 ASU VOLLEYBALL T-SHIRTS
2010 MEDIA GUIDE
SUBSCRIPTION TO OUR VOLLEYBALL NEWSLETTER
FREE ACCESS TO ALL OF OUR HOME VOLLEYBALL WEBCASTS

_____ **\$500 MATCH SPONSOR MEMBERSHIP INCLUDES THE FOLLOWING:**
BASIC MEMBERSHIP BENEFITS
ONE (1) HOME MATCH SPONSORSHIP IN YOUR NAME
AN ENGRAVED MATCH SPONSORSHIP PLAQUE
GAME PROGRAM LISTING AS THE MATCH SPONSOR
AN AUTOGRAPHED BALL

_____ **MY CHECK IS ENCLOSED FOR THE TOTAL GIFT AMOUNT.** (PAYABLE TO ANGELO STATE ATHLETIC FOUNDATION—VB)

_____ **PLEASE CHARGE MY CREDIT CARD IN THE AMOUNT OF: \$** _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

NAME ON CARD: _____ CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

_____ **MY EMPLOYER HAS A GIFT MATCH PROGRAM, AND I HAVE ENCLOSED MY GIFT MATCH FORM WITH THIS MEMBERSHIP RENEWAL. I UNDERSTAND THAT MY EMPLOYER MAY NOT MATCH MY GIFT, OR MAY ONLY MATCH THE TAX-DEDUCTIBLE PORTION OF MY GIFT.**

PLEASE SELECT YOUR MEMBERSHIP LEVEL, COMPLETE AND RETURN THIS FORM ALONG WITH A CHECK MADE OUT TO **ANGELO STATE ATHLETIC FOUNDATION—VB** IN THE ENCLOSED PREPAID RETURN ADDRESS ENVELOPE. THANK YOU FOR YOUR CONTINUED SUPPORT OF OUR VOLLEYBALL PROGRAM!

NAME(S) _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____ T-SHIRT SIZES _____ & _____

FOR MORE INFORMATION, PLEASE FEEL FREE TO CONTACT HEAD COACH CHUCK WADDINGTON AT 325-942-2091 OR BY EMAIL AT [CWADDINGTON@ANGELO.EDU](mailto:cwaddington@angelo.edu)