




Tompkins Athletic Booster Club



2017-2018 Annual Membership Form

Name:	
Address:	City, Zip Code:
E-mail:	
Phone Number:	Alternate Phone Number:
Athlete Name:	Grade:
M or F ? Sport(s):	
Athlete #2 Name:	Grade:
M or F ? Sport(s):	
Athlete #3 Name:	Grade:
M or F ? Sport(s):	

Membership Options

Membership Name	Benefits	Annual Dues	 Choose Membership
Falcon	Recognition on Website	\$50 (this is NOT the OTHS ATHLETIC FEE)	
Bronze	Benefits of Falcon sponsorship + Recognition in Seasonal Program	\$200	
Silver	Benefits of Bronze sponsorship + 2 Katy ISD Athletic Passes	\$400	
Gold	Benefits of Silver sponsorship + 1/2 page ad in Football Program*	\$700	
Platinum	Benefits of Silver sponsorship + Full Page Ad in Football Program*	\$1000	

***For inclusion in the Football Program, artwork and membership must be submitted by August 1, 2016**

Membership dues are deposited into the general fund. This fund supports scholarships, the entire athletic program and operating expenses. If you would like to make an additional donation to a specific sport, please indicate the amount of the donation and the sport to which the donation should be allocated.

Additional amount you wish to donate:

Sport #1: _____ Amount: \$ _____

Sport #2: _____ Amount: \$ _____

Sport #3: _____ Amount: \$ _____

Total Additional Amount: \$ _____

Does your company match donated funds? Company Name: _____

Please make checks payable to: OTHS-ABC and return to the school, or mail to: 2910 Commercial Center Blvd, Suite 103-232, Katy TX 77494

Would you like to be contacted for volunteer opportunities? Yes: _____ No: _____

The Tompkins Athletic Booster Club (EIN 46-2624581) receives federal tax-exempt status through its membership in Parent Booster USA, Inc. (EIN 30-0281785). PBUSA is recognized by the IRS as a tax exempt organization and has been granted a group letter ruling which allows it to provide 501(c)(3) status to its members. Please print copy for your receipt.



THANK YOU for your support of our Falcon Athletes!



NOTE: Eligibility for the OTHS-ABC Scholarship requires the Athlete/family to be a member of the OTHS-ABC for the four (4) years attending OTHS, with the exception for an athlete who has moved into the district, then eligibility will be based on attendance at OTHS.

For office only:

Date received _____ Check # _____ Amount \$ _____ Katy ISD Pass #'s: _____