



Tate Quarterback Club - 2024 Membership Form

This form is for information purposes only - we use this information to contact you on upcoming events and general program information.

Please email or mail the completed form and payment in the amount of \$50.00 (Family Membership) or \$35.00 (Single Membership)

Tate Quarterback Club, Inc.

Attn: Membership

P.O. Box 303

Gonzalez, FL 32560

MEMBERSHIP INFORMATION

Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

Player Name _____ Grade 9 10 11 12 Team: Varsity JV Freshman

2nd Player Name: _____ Grade: 9 10 11 12 Team: Varsity JV Freshman

Parent Volunteer Commitment: Please choose as many as you like.

_____ **Crimson/Grey Game(spring/Fall)**

_____ **Aggie Shack JV/FM**

_____ **Aggie Shack Varsity**

_____ **Program/Program Ads**

_____ **PreGame Meal Prep**

_____ **Sponsorships**

_____ **Chain Crew (JV/F or Varsity)**

_____ **Fundraising**

_____ **Senior Night Recognition**

_____ **Football Banquet**

_____ **Field Paint/ Maintenance**

***Thank you for your commitment to your child and Tate Quarterback Club.
You will be notified by one of the committee chairpersons in the near future.***

Board Member Initials: _____ Date: _____

Fees paid: Cash / CC / Check # _____ Amount Received: _____

Membership Obtained by: _____