

# UNIVERSITY HIGH SCHOOL

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Trailblazer Club Membership Form

Family Membership \$75 per year

Individual Membership \$50 per year

Name: \_\_\_\_\_

(If you are joining as a family, please list all family members.)

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\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AREAS OF INTEREST: (i.e. scorekeeping, concession stand, organizing snacks, etc.)

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