



HAMILTON BULLDOGS BOOSTER CLUB APPLICATION FORM 2009-2010 SEASON

www.thegrowl.ca

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home () _____ Work () _____ E-mail: _____

Birthday: Month _____ Day _____

Check if under 18 years of age (must be 14 years of age to be a member with parent or guardian signature)

Season Tickets? Section: _____ Row: _____ Seat: _____

Please Note: Addresses, phone numbers and emails will be used for The Growl Booster Club and Hamilton Bulldogs Hockey Club business only and will not be circulated among the membership. All emails are sent blind copy.

I am interested in volunteering for Booster Club events and activities: Yes No

MEMBERSHIP HAS IT'S BENEFITS

- Membership card.
- Special exclusive events with the Bulldogs such as "Dogs Night Out".
Meet the players and coaches. Get to know your Hamilton Bulldogs up close.
- Growl bus trips to selected away games.
- Monthly newsletter "Barks n' Bites" to keep you up to date about The Growl and the Bulldogs.
- Monthly meetings and/or social events with guest speakers, door prizes and 50/50 draws.
- Our members only 50/50 draws - Puck Patrol and Power Player at each home game.

MEMBERSHIP RATES

Single Membership Fee: **\$12.00** **** ALL DUES ARE NON-REFUNDABLE ****

Please make all cheques payable to: **THE GROWL**

I hereby apply for membership in **The Growl** and agree to abide by its Constitution and By-Laws. I (we) understand that **The Growl** is a separate entity from **The Hamilton Bulldogs Hockey Club**. I (we) agree that **The Hamilton Bulldogs Hockey Club** and **The Growl** will not be responsible for any damages, losses, costs or expenses resulting or arising in any way from my (our) membership in, or participation in any events organized by **The Growl**.

Date: _____ Signature: _____

Do not write in this section, for club use only.		
Renewal <input type="checkbox"/>	New Member <input type="checkbox"/>	M/S # <input type="text"/>