



Membership Application

Name(s): _____

Please list all family members.

Address: _____

City, State, Zip: _____

E-Mail: _____

Evening Phone: _____

My company or I would like to sponsor our Alumni Reunion Hockey Games and/or our Golf Tournament in August 2010. Please contact me at the appropriate time.

- Center Ice (per person) \$500 _____
- Coaches Club (up to 4 family members) \$150 _____
- # Additional Family Members @ \$10 ea. _____
- Family (up to 4 family members) \$75 _____
- # Additional Family Members @ \$10 ea. _____
- Individual \$40 _____
- Student \$10 _____
- WildCard (transferrable function guest card) @ \$25 ea. _____
- Additional donation for men's hockey scholarships _____

TOTAL → _____

Payment Options

CHECK- Please make your check payable to the Friends of UNH Hockey

CREDIT CARD (check one)



-
Expiration Date

Account #

Signature

Please make your check payable to the Friends of UNH Hockey
Please return this form (with check or credit card info) in the enclosed envelope.
Thank you !! Friends of UNH Hockey 145 Main St. Durham, NH 03824