



UNIVERSITY HIGH SCHOOL FOOTBALL – 2025 FALL REGISTRATION

(FORM DUE ON REGISTRATION DAY August 2nd)

Player Name: _____ Student ID: _____ Grade: _____

Athletic team sports are not paid for through General school funds. These programs are fully dependent on financial contributions from our families. If you are unable to make the suggested family donation, *conversation is required with the head coach.*

The Boosters contribute \$1,000 or more per player, per season based on our program budget. Our volunteers work hard to raise funds from corporate sponsorships and other fundraisers. That said, ***family donations are the most critical part of our annual budget!*** The Booster budget includes safety equipment, supplemental coaching, playbook app, coaches and control booth communications systems, player uniforms, team meals, Senior Night, the annual banquet, coach gifts, and more to enhance the players' experiences.

It is critical that every family supports the program by contributing something and signing up to volunteer. Our goal is 100% participation!

Thank you for supporting the Uni Boosters Football Program! *We appreciate your contribution!*

Uni Football Boosters is a 501(c)3 non-profit organization | TAX ID# 42-1733054

Parent/Guardian Signature: _____ Date: _____

*****Please bring this form to the registration desk and complete the items below before picking up equipment *****

REGISTRATION CHECKLIST

1. _____ Data & Contact Info Confirm game program and contact information
2. _____ Volunteer Signup (Team Meal, Field Chains, Snack Bar)
3. _____ Blast Athletics: ☐ App on phone ☐ Account updated/set-up
4. _____ Raffle Tickets Issued: _____
5. _____ Donation [suggested amt \$410]: \$ _____ ☐ Installment (Check only)
☐ Check ☐ Cash ☐ Venmo ☐ Credit Card (website/zelle)
6. _____ Add-on Donation: Player Fund [\$75], Game Ball [\$150], Team Meal [\$600]: \$ _____
☐ Check ☐ Cash ☐ Venmo ☐ Credit Card (website/zelle)
7. _____ Add-on MVP [\$300]: \$ _____
☐ Check ☐ Cash ☐ Venmo ☐ Credit Card (website/zelle)
8. _____ Game Program Personal Ad Form: \$ _____
9. _____ My employer will match the donation. I need a receipt to submit for corporate donation matching.

CHECK OUT ☐ Athletic Clearance ☐ Cleared for Equipment = **Give Wrist Band**

FOR BOOSTER USE ONLY: Date: _____ I Payment Rcvd: \$ _____ Cash CC Venmo Check # _____