

LEOPARD ACES



The Lovejoy Leopard Tennis Booster Club, the "Leopard ACES" would like to invite you to become a member. By becoming a member and participating in this program, you will not only help strengthen our current program, but help build the foundation for our future tennis teams. Please help by joining the Leopard ACES.

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Tennis Player(s) Name: _____ Grade(s): _____

Parent Email: _____

Membership Plans- Please check one and make check payable to the Leopard ACES:

Family Membership (\$60) _____ Single Membership (\$35) _____

Additional Donations: (Please indicate the amount) \$ _____

TOTAL Amount Paid (cash or check): \$ _____ Cash: _____ or Check #: _____

Note: The Lovejoy Leopard ACES is a division of Leopard, Inc., a Texas non-profit corporation. Consult with your tax advisor concerning deductibility of contributions and/or membership fees.

Return form and check to: Leopard ACES, c/o Amber Cossen, 1020 Timberlane, Fairview, TX 75069

Questions? Please contact Amber Cossen at 806-344-3801 or ambercossen@gmail.com

Visit the Leopard ACES online at: www.lovejoytennis.net



THANK YOU FOR YOUR SUPPORT



Lovejoy Tennis Order Form 2013/2014

Orders due Monday, October 1, 2014, to Amber Cnossen

MAKE CHECKS PAYABLE TO LEOPARD ACES BOOSTER CLUB

Student Name _____ Parent Name _____

Cell Phone _____

CAR DECAL

QTY _____ X \$10.00 each = Total \$ _____

Name on car decal: _____

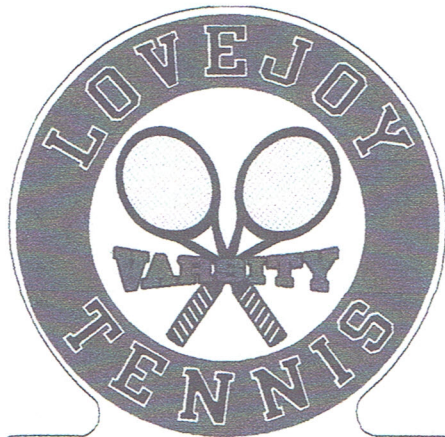
Varsity? Yes or No: _____

YARD SIGN

QTY _____ X \$55.00 each = Total \$ _____

Name on yard sign: _____

Varsity? Yes or No: _____



KRISTIN

2' x 2'
YARD SIGN



CAR
DECAL

Car decal will also be "varsity",
as needed.

Grand Total

\$ _____ (Prices include tax)

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Date Order Received _____ Payment Form _____

Lovejoy Tennis-Parent's Shirt
Make Checks Payable to Leopard Aces Booster Club

Student Name _____ Parent Name _____

Cell Phone _____ # of Shirts & Size ___S___M___L___XL___XXL

QTY _____ X \$15.00 each = Total \$ _____

BACK OF PARENT SHIRT

(Shirt will be red)

SOME PEOPLE
HAVE TO WAIT
A LIFETIME
TO MEET THEIR
FAVORITE
PLAYER
I RAISED MINE

FRONT OF PARENT SHIRT

LOVEJOY
TENNIS

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Lovejoy ISD Athletic Alternate Travel Release Form

Athletic Event Location and Date _____

My son/daughter, _____, will
(Student's Name)

Return from / Travel to _____
(Circle One) (Destination of trip)

With _____
(Parent's Name)

The reason for this alternative method of travel is:

I hereby release Lovejoy ISD and the sponsoring staff member(s),

_____ from
(Name of Sponsor, Coach, etc.)

any and all liability in connection with this alternative method of travel regarding this school trip.

(Parent/Guardian Signature)

(Phone Number)

(Date)

Permission Granted/Denied _____

Signed by Head Coach

It is the policy of the Lovejoy Independent School District Athletic Department for each athlete to travel to and from the site(s) of all athletic events with the team. Except in an emergency situation, an athlete must have prior approval via the completion, submission and approval of this form for all forms of alternate travel. Parents must personally sign for the release of his/her daughter before an athlete may leave any athletic event.