



UNIVERSITY OF DETROIT JESUIT

CUB CLUB

CUB CLUB APPLICATION

Membership Levels:

Varsity Level Membership - \$180.00 fee. Includes one school-year family pass (immediate family only) to all athletic events sponsored by U of D Jesuit. (It DOES NOT include CHSL or MHSAA post-season events hosted at U of D Jesuit). All family members must be accompanied by card holder.

Season Specific Level Membership - \$85.00 fee. Level includes admission to your **SPORT SEASON** (Fall, Winter or Spring) of choice. It pertains to only athletic events sponsored by U of D Jesuit. (It DOES NOT include CHSL or MHSAA post-season events hosted at U of D Jesuit.) All immediate family members must be accompanied by card holder. Fall Season includes Football and Soccer. Winter Season includes Basketball, Wrestling and Hockey. Spring Season includes Lacrosse.

Grandparent Level Membership - \$100.00 fee. Includes one school-year grandparent pass (2 persons only) to all athletic events sponsored by U of D Jesuit. (It DOES NOT include CHSL or MHSAA post-season events hosted at U of D Jesuit). All family members must be accompanied by card holder.

Honorary Membership-All GRADUATING SENIORS will be given a FREE membership valid for 4 years after their graduation date. Level includes a pass to all athletic events sponsored by U of D Jesuit. (It DOES NOT include CHSL or MHSAA post-season events hosted at U of D Jesuit). This pass is valid for the GRADUATE (1 person) only.

Donation – I am not able to pay for a full membership, but would like to make a donation to show my support.

MEMBERSHIP TYPE:

VARSITY (\$180)

ALUMNI/GRANDPARENT (\$100)

SEASON SPECIFIC (\$85) Please choose one:

Fall Winter Spring

DONATION \$_____ (Amount) HONORARY MEMBERSHIP

of Immediate Family Members and Names: _____
(Parent and Children Only for Varsity and Season Specific Levels)

Please check if you would like to help with Game Operations (Admissions/Concessions/Chain Gang/Announcer/Security)

NAME: _____
Last First MI

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

Son's Name and Class: (Current Parent) _____

Son's Name and Graduation Year (Alumni Parent) _____

Please return this application with the appropriate dues to:
CUB CLUB MEMBERSHIPS/ATHLETICS
 Make checks payable to: U of D Jesuit
 8400 S. Cambridge
 Detroit, MI 48221