

Lancaster Barnstormers Baseball Booster Club

2025 MEMBERSHIP APPLICATION



Please print clearly:

Application Information:

Application Type: (check one)	<input type="checkbox"/> New Membership	<input type="checkbox"/> Renewal	<input type="checkbox"/> Gift
Membership Type: (check one)	<input type="checkbox"/> Individual \$15		<input type="checkbox"/> Family \$35

Applicant Information:

Full Name:				Birth Month:	
Address:					
City:		State:		Zip:	
Home Phone:			Mobile Phone:		
Email Address:					

For Family Memberships Only:

Member #1:		Birth Month:	
Member #2:		Birth Month:	
Member #3:		Birth Month:	
Member #4:		Birth Month:	

List any additional family members, including their birth month, on the reverse of this application.

Payment Method:

Amount Paid:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check (returned checks subject to \$10 fee)
Please make checks payable to "Lancaster Barnstormers Baseball Booster Club"			
Mail payments to: PO Box 2135 Lancaster, PA 17608-2135			

Agreement:

Member or one of member's invitees, licensees, quests, or visitors, and his/her family shall save and hold Lancaster Barnstormers Baseball Booster Club (LBBBC) harmless and indemnify Lancaster Barnstormers Baseball Booster Club from any and all claims, loss, damage, liabilities, costs, accident, expense, or in connection with injury (including death) or damage to any person or property in any way resulting from or connected with any function sanctioned by the Lancaster Barnstormers Baseball Booster Club. All applicants, by signing this agreement, also agree to abide by the by-laws and code of ethics of the Lancaster Barnstormers Baseball Booster Club (LBBBC).

By signing this application, I acknowledge that photos may be taken of LBBBC members at games and LBBBC events, and by joining the Club and signing this application, I give the LBBBC permission to publish the photos online and/or in print without notifying me. I further request that the Club include me in any drawings the LBBBC may offer throughout the year of my membership.

Signed:		Date:	
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For Club Use Only:

Amount Received:		Date Received:	
Received by:		Cash Check #:	