

KNIGHTS OF GOLD (KOG) MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ State _____ Zip _____

E-Mail Address: _____

(Your e-mail address will be used as the primary way for us to contact you in the future about KOG news, programs and events. This will help us to keep our communications cost low.)

Phone: (_____) _____

Fax: (_____) _____

KOG Polo Shirt Size: (Please Circle) S M L XL XXL...XXXL...XXXXL

Past Player: _____ which year(s) you played at Alter.

Past Player Jersey # _____ (to be embroidered on the sleeve of your shirt)

Were you an Alter Knights Varsity Football Team Captain? Yes!

Past Parent: _____ Son(s) & which years played at Alter?

Son's (s') Jersey #(s) _____ (to be embroidered on the sleeve of your shirt)

Fan: Jersey #(s) _____ (to be embroidered on the sleeve of your shirt)

GO KNIGHTS!

“Strike the shield, roar VICTORY!”