



Gator Tip-Off Club Membership Application

Memberships:

Name: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

E-mail _____ Phone _____

Total Memberships _____ @ \$225 each = \$ _____

Voluntary Contribution for TOC Scholarship Fund = \$ _____

Total Amount = \$ _____

Are you joining the Gator Tip-Off Club for the first time ever? Yes _____ No _____

If "Yes", please let us know how you learned about our club - _____

Please mail this form and a check payable to the "Gator Tip-Off Club" to:
PO Box 141475, Gainesville, FL 32614

If you have any questions, please visit our website at www.gatortipoffclub.org
or send an e-mail to gatortipoffclubgainesville@gmail.com