I believe that this is a practical world, and that I can count only on what I earn. Therefore, I believe in work, hard work.

I believe in education, which gives me the knowledge to work wisely and trains my mind and my hands to work skillfully.

I believe in honesty and truthfulness, without which I cannot win the respect and confidence of my fellow men.

I believe in a sound mind, in a sound body and a spirit that is not afraid, and in clean sports that develop these qualities.

I believe in obedience to law because it protects the rights of all.

I believe in the human touch, which cultivates sympathy with my fellow men and mutual helpfulness and brings happiness for all.

I believe in my country, because it is a land of freedom and because it is my own home, and that I can best serve that country by “doing justly, loving mercy, and walking humbly with my God.”

And because Auburn men and women believe in these things, I believe in Auburn and love it.

— George Petrie (1943)
MISSION

TO FOSTER, DEVELOP, AND PROMOTE AUBURN SOFTBALL TO THE GENERAL PUBLIC.

TO PROVIDE SERVICE TO AUBURN SOFTBALL THROUGH ASSISTANCE WITH APPROVED PROJECTS AND GAME DAY CUSTOMER SERVICE INITIATIVES.

TO PROMOTE A HIGH STANDARD OF INTEGRITY AND GOOD SPORTSMANSHIP AT ALL AUBURN SOFTBALL EVENTS.

TO FOSTER AND PROMOTE GOOD WILL AND FRATERNAL SPIRIT AMONG GROUP MEMBERS.

TO PROVIDE FINANCIAL SUPPORT TO AUBURN SOFTBALL THROUGH ANNUAL MEMBERSHIP DUES.

SOFTBALL MEMBER APPLICATION

FULL NAME: ____________________________

TU ID # (OPTIONAL): ____________________________

ADDRESS: ____________________________

CITY, STATE, ZIP: ____________________________

PHONE NUMBER: ____________________________

EMAIL ADDRESS: ____________________________

LEVEL OF MEMBERSHIP: ALL MEMBERSHIPS ARE PER PERSON

- DOUBLE ($100)
- TRIPLE ($250)
- HOME RUN ($500)
- GRAND SLAM ($1,000)

T-SHIRT SIZE:

- S
- M
- L
- XL
- XXL
- XXXL

METHOD OF PAYMENT:

- CASH
- CARD
- CHECK

SIGNATURE: ____________________________

CARDHOLDER'S NAME: ____________________________

BILLING ADDRESS: ____________________________

MAIL THIS FORM AND PAYMENT TO: TIGERS UNLIMITED FOUNDATION
ATTN: BUSINESS OFFICE
P.O. BOX 351
AUBURN, AL 36831

(Do not detach here – business office use only)

IF AVAILABLE, CHARGE CREDIT CARD BELOW FOR CONTRIBUTION:
CIRCLE: MASTER CARD / VISA / DISCOVER / AMEX

SECURITY CODE: ____________________________

EXP DATE: ____________________________

DETACH HERE

MEMBERSHIPS

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<td>DEMONSTRATION &amp; DISCUSSION AT FALL PRACTICE WITH COACHING STAFF</td>
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<td>MEAL WITH TEAM, COACHES, AND ONE GUEST</td>
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$100 $250 $500 $1,000