



L-CLUB MEMBERSHIP APPLICATION

Name: _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

E-mail: _____

**MINIMUM \$50.00
ANNUAL GIFT**

If you currently give to the Cardinal Athletic Fund, no additional payments are required. It is recommended, however, that you still complete the form and send it to the address below for proper L-Club membership.

Sport(s) Played: (1) _____

(2) _____

(3) _____

Year(s) Lettered: Sport 1: 19(), 19(), 19/20(), 19/20()

Sport 2: 19(), 19(), 19/20(), 19/20()

Sport 3: 19(), 19(), 19/20(), 19/20()

All American?: (YES) or (NO); Sport?: _____

Retired Jersey?: (YES) or (NO); Sport?: _____

Hall of Fame?: (YES) or (NO); Year: 19/20 ()

Member of National Champ. Team?: (YES) or (NO)

Additional gifts can be made to the L-Club to help with offsetting administrative and operational costs.

CAF Account #: _____

Basketball Seat Location: _____

Football Seat Location: _____

Basketball Seat Pledge: _____

Football Seat Pledge: _____

Additional Pledge: _____

Total Amount Enclosed: _____

Method of Payment: (Circle one) VISA MC Check

Date Received: _____ Check#: _____

(Checks payable to: University of Louisville)

Credit Card#: _____ Exp. Date: _____

MAIL TO:

**University of Louisville
CAF/L-Club
Student Activities Center—Room E-301
Louisville, KY 40292**

FAX TO:

502.852.0816