



Booster Membership

School Year: _____

- Family (\$10)
 Individual (\$7)
 Teacher (\$5)
 Alumni (\$5)
- Alumni Music Group(s) _____
 Alumni Year(s) _____

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Parent(s)/Guardian(s) of the following student(s):

Student Name: _____ Grade: _____

- Band
 Choral
 Orchestra
 Color Guard/Indoor Drumline

Student Name: _____ Grade: _____

- Band
 Choral
 Orchestra
 Color Guard/Indoor Drumline

Alumnus of: _____ Class of: _____

- Band
 Choral
 Orchestra
 Color Guard/Indoor Drumline

I am interested in volunteering or learning about volunteer opportunities in the following areas:

- | | |
|---|---------------------------------------|
| Uniform: Sizing or Alteration or Distribution or Collection _____ | Event Ticket Sales _____ |
| Costume: Sizing or Alteration or Distribution or Collection _____ | Hospitality _____ |
| Concert Programs _____ | Chaperone _____ |
| Concert Support _____ | Competition/Trip Support _____ |
| Football Game Concessions _____ | Spirit Wear Sales _____ |
| Fundraising Leader _____ | Advertising/Public Relations _____ |
| Fundraising Support _____ | Volunteer Coordinator _____ |
| Stage / Set Building Assistance _____ | Community Special Event Support _____ |

Checks should be made payable and mailed to: **CHS Music Boosters**
 4201 Stringfellow Road
 Chantilly, VA 20151

Attention: Booster Membership