

Request for Orchestra Parent Booster Support

2009-2010

Parent Names: _____ Student Name _____

Home Phone: _____ Address: _____
Street City Zip

Mother Place of Employment : _____

Cell/ Work Phone: _____

Email Address: _____

Father Place of Employment: _____

Email Address: _____

Cell/Work Phone: _____

Preferred method of contact : _____

I/We would like to assist the music program in the following ways:

(Please check all that apply)

Activities

- ___ Notarizing medical forms _____ Back to school Bash (Sept.) ___ Chaperoning Day ___ Chaperoning Night
- ___ Providing items for bake sale ___ Concert Night Chaperone ___ Uniforms (Inspection & Alterations)
- ___ Chaperoning Spring Trip to Orlando (Apr) ___ Banquet & Awards ___ Concert Emcee ___ Video Recording
- ___ Audio Recording ___ Assisting teacher during the day (administrative/office work) ___ Concert Decoration/Set up

Fundraising

- ___ Red Wheel Cheesecake Fundraiser (Sept)___ Variety Show (Nov) ___ Bloomingdale Blizzard (Dec)
- ___ All-County Concessions (Jan)___ Scrapbook Fundraiser (Feb) ___ Cooke Dough Fundraiser (Apr)

Other/ Comments
