

Shorewood Choral Boosters

Membership Form 2018-2019

Student's Name(s) _____

Parents' Names _____

Parents' E-Mail _____

School _____ Grade _____

Home Address _____

Home Phone Number _____

Please indicate below if we may contact you for help with the following events/fundraisers:

- | | |
|---|---|
| <input type="checkbox"/> Coffee Sale – 1 per semester (Help with delivery date) | <input type="checkbox"/> Benefit Concert Reception (June 2) |
| <input type="checkbox"/> Car Wash Supervision (2 Fall and 1 Spring) | <input type="checkbox"/> Baked Goods (Any or All Concerts) |
| <input type="checkbox"/> Cookie Dough (Help with delivery date) | <input type="checkbox"/> Choral Boosters Officer |
| <input type="checkbox"/> Strudle (Help with delivery date) | <input type="checkbox"/> Host a Choir Council Meeting
(One Sunday per month please refer to calendar for dates) (SHS Only) |

The following activities are Choral Booster Fundraisers

Benefit Concert Co-Organizer (Need Two) (Spring)

Please indicate whether you are available during the following times for volunteer work:

Weekdays Evenings Weekends

Would you be willing to have your name and phone number included in a Shorewood Choral Booster membership directory?

Yes No

Please return this form with your donation fee to Mr. Clark at school. Checks should be made out to **Shorewood High School**. Thank you for your support!