

Shorewood Choral Boosters

Membership Form 2021-2022

Student's Name(s) _____

Parents' Names _____

Parents' EMail _____

School _____ Grade _____

Home Address _____

Home Phone Number _____

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

_____ Fundraising Help/Distribution _____ Benefit Concert Reception (May 22)

_____ Baked Goods (Benefit Concert) _____ Choral Boosters Officer

_____ Host a Choir Council Meeting
(One Sunday per month please refer to the 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!