



Newsome Chorus Boosters Membership Application

2022-2023 School Year

Newsome Chorus is counting on your booster membership to help support the choral program this school year. Hillsborough County Schools covers only a small percentage of the expenses involved in running this program. Please consider helping in one of the following ways:

Basic Membership Levels

Patron Membership
\$25

Car Magnet

Performer Membership
\$50

One Parent Chorus T-Shirt
Car Magnet

Premium Membership Levels

Soloist Membership
\$100

Two Parent Chorus T-Shirts
Car Magnet
Preferred Concert Seating*
(up to 2 people)

Director Membership
\$200

Two Parent Chorus T-Shirts
Car Magnet
Preferred Concert Seating*
(up to 4 people)

Booster Member Information

Name as it is to appear on the website (ex: "The Singalot Family" or "Jon and Kim Singalot"):

Parents' Names _____

Student's Name _____

Parent Email _____ Parent Cell: _____

Parent Booster Member T-Shirt Order

1 included with Performer, 2 included with Soloist, and 2 included with Director Memberships. Additional shirts are \$10 each.

Please enter your quantity next to the size you wish to order.

___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult XL ___ Adult XXL (add \$3)

I am interested in the following volunteer opportunities:

- | | | |
|---|---|---|
| <input type="checkbox"/> Decorating concerts & events | <input type="checkbox"/> Student T-Shirt Coordination | <input type="checkbox"/> Madrigal Dinner (Nov/Dec) |
| <input type="checkbox"/> Video-taping concerts | <input type="checkbox"/> Distribution of Programs | <input type="checkbox"/> Madrigal Costume Alterations |
| <input type="checkbox"/> Chaperoning field trips | <input type="checkbox"/> Yard Sales | |
| <input type="checkbox"/> Uniform Sizing | <input type="checkbox"/> Event Concessions | |
| <input type="checkbox"/> Additional Talents _____ | | |

Forms and payment are due by August 26th, 2022.

Please make checks payable to **Newsome Chorus Boosters.**

Treasurer use Only – Please do not write in this space

Amount _____ Check #: _____ Date received: _____

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