District #401 Band Booster Membership 2019-2020

Please return this filled out form and $10.00 membership fee, in a sealed envelope, to your student’s band director. Make checks payable to “EPCUSD #401 Band Boosters”. Thank you for supporting Band!

Parent’s Name(s): ______________________________________                                    Date: ________________

Phone Number (Daytime): ___(______)______________________________________

Phone Number (Evening): ____(______)_____________________________________

E-mail Address: ___________________________________________________________

Student’s Name: ________________________________________________________

Year in school: ____________

School Attending: ____________________________________

Student’s Name: ________________________________________________________

Year in school: ____________

School Attending: ____________________________________

Student’s Name: ________________________________________________________

Year in school: ____________

School Attending: ____________________________________

_________ I am available to help at Band events (football games, parades, competitions, picnic, baking sales, etc.)

_________ Call me if you need help with other Boosters activities.

_________ I am unable to give of my time, but would still like to make a $10.00 donation.

_________ I have special talents that could be of use to the Band program (circle any that apply)

_________ Sewing machine/ability to alter uniforms

_________ Fundraising ideas/willingness to head up a fundraiser

_________ Ability to keep track of money

_________ Ability to accompany the band on competitions and field trips

Other: ________________________________________________________________

For treasurer’s use only:

Date Received: ________________

Paid:          □ Cash          □ Check   No.________________________