

# CPHS Theatre Boosters Membership Application

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I desire to be a member of the CPHS Theatre Boosters for the **2009– 2010** school year and remit dues in the amount of **\$5.00**. As a member, I understand that I am entitled to benefits and privileges as established in the Constitution and Bylaws of the CPHS Theatre Boosters and may obtain a copy of the bylaws upon request.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Phone (evening)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone (day)

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

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Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

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In addition, I understand that I will be invited to attend the monthly booster board meetings (attendance at monthly meetings is not a requirement of membership) and I will be invited to help plan theatre activities and support the events that my student is involved with and lastly, all parents (booster members or not) will have an opportunity to Sign-Up to VOLUNTEER with different aspects of the Musical or Theatre Class productions.

Booster Member Signature: \_\_\_\_\_

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**Make checks payable to CPHS Theatre Boosters.** Checks written to any Leander ISD school or school organization must include on the front of the check writer's driver's license number and a valid telephone number. Post-dated and temporary checks will not be accepted.

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**CPHS TB Use Only - Payment Info. CPHS Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_, Check # \_\_\_\_\_ Cash Amount: \$ \_\_\_\_\_ On-Line Pmt \$ \_\_\_\_\_

Check Holders Name (if different from business/personal customer): \_\_\_\_\_