



Chantilly High School Music Booster Association

Membership Application

School Year: _____

Family (\$10) Individual (\$7) Teacher (\$5) Alumni (\$5)

Name(s): _____

Address: _____

Phone: (Home) _____ (Cell/Work) _____

Email(s): _____

Parent(s) / Guardian(s) of the following student(s):

Student Name: _____ Grade: _____

Band Choral Orchestra Color Guard

Student Name: _____ Grade: _____

Band Choral Orchestra Color Guard

Alumnus of: Band Choral Orchestra Color Guard Class of: _____

Checks should be made payable and mailed to:

CHS Music Boosters

4201 Stringfellow Road

Chantilly VA 20151

Attn: Booster Membership

I am interested in volunteering in the following areas:

- Concessions Hospitality Tickets
 Programs Fundraising Uniforms
 Equipment Other _____

Best time to call me is day evening