



Chantilly High School Music Booster Association

Membership Application

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

Name(s): _____

Address: _____

Phone: (Home) _____ (Other) _____

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

I am interested in volunteering in the following areas:

___ Concessions ___ Hospitality ___ Tickets
___ Programs ___ Newsletter ___ Telephones
___ Fund Raising ___ Uniforms ___ Equipment
___ Other (please specify) _____

Best time to call me is ___ day ___ evening