



**Skyline High School Booster Association
Volunteer Participation Form 2018-2019**

Parent Name: _____

Student Name: _____

Please circle: Band Choir Orchestra Theatre

Your child is about to embark on the experience of a lifetime. Many opportunities will arise throughout the year for parents to utilize their special talents and provide the necessary “behind the scenes” help we need to keep the program running strong. Your participation will optimize your child’s band experience and provide you with great memories.

Being involved is the ONLY way to be!

Please Check:

____ I am interested in helping with fundraising.

____ I am interested in helping with chaperoning.

____ I am interested in helping with uniform maintenance.

____ I am interested in helping with field crew (moving instruments to the games).

____ I am interested in helping in some other way – please contact me.

I can be reached at _____ (phone #) and

by email at _____.