

# NPHS Theatre Boosters - 2017-2018 Parent Information

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

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_

I prefer to:

- Volunteer time.
- Donate baked goods and/or concession items.
- Donate money so Boosters can purchase baked goods and/or concession items.
- Donate money to support NPHS Theatre Boosters.

I have special talents I'd like to volunteer: \_\_\_\_\_

\_\_\_\_\_

I'd like to be contacted to learn more about Theatre Boosters.

I'd like to donate to the silent auction:

**We welcome you to attend any Booster meeting and get involved!**

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