



Hampton District One Band Booster Application

YEAR: 2007 – 2008

BAND BOOSTER OFFICERS: David Johnson., President
 Tabitha Mole, Vice-President
 Tabitha Dellinger, Secretary
 Alison Tucker, Asst. Secretary/Treasurer

MAILING ADDRESS: Wade Hampton High School
 C/O Joe Meshach, Band Director
 Post Office Box 452
 Hampton, South Carolina 29924

Booster Applicant Name/Names:

Mailing Address:

City, State, Zip Code:

Telephone:
 (HOME)

(WORK)

(CELL)

(FAX)

E-Mail Address:

Do you have a child / children in the Red Guardsmen Band? YES NO

(If Yes) Name of child/children	Grade	Instrument
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I am willing to join the following *two* committees:

- Ways and Means
- Membership
- Equipment and Logistics

- Uniforms
- Chaperone
- Publicity

- Telephone
- Hospitality

SPECIFIC SKILLS: I have specific skills and I am willing to share in ...

- Sewing; Help with uniform maintenance and care
- Fundraising
- Photography
- Money management, Accounting
- Web, newsletter, publication design
- Special events (planning, helping, etc.)
- Serving as a bus driver

Other, please specify: _____

Do you or your spouse have any current medical certification? YES NO - IF YES, PLEASE SPECIFY BELOW:
 MD RN LPN EMT-P EMT-A OTHER

ANNUAL MEMBERSHIP DUES ARE: \$10.00 PER PERSON. MAKE ALL CHECKS PAYABLE TO: WADE HAMPTON BAND BOOSTERS

SIGNATURE: _____ DATE: _____

-----OFFICIAL USE ONLY----- DO NOT COMPLETE THIS SECTION-----

AMOUNT PAID: \$ _____ DATE: ____/____/____

CASH: CHECK / CHECK NUMBER / _____: MONEY ORDER / MONEY ORDER NUMBER _____