

JOIN the SARATOGA MUSIC BOOSTERS

2017-2018 Membership Form

The Saratoga Music Boosters (SMB) supports elementary, middle school, and high school orchestra and band programs, as well as the middle school and high school choir, visual guard and percussion programs. Some expenses that SMB covers include music, instrument purchases, music awards, and scholarships. SMB also subsidizes the Beginning Band and Orchestra Programs in the elementary schools. Last year, SMB provided **over \$150,000** of music, instruments, software, sound equipment, and program support for the Elementary Instrumental, Redwood and Saratoga Music Programs.

Our primary fundraising event is this **SMB MEMBERSHIP DRIVE**. Your donation is essential to our success!

Family Membership \$100	\$ _____
Performer \$101-249	\$ _____
Section Leader \$250-499	\$ _____
Director \$500-999	\$ _____
Patron \$1000 plus	\$ _____
Alumni of SMB \$35	\$ _____
Other (any amount is appreciated)	\$ _____

These donations are tax deductible. Receipts will be sent out in January of the next calendar year.

Does your company offer matching funds? _____ Yes! Company and Phone # _____

Gift Cards (benefit a student's travel fund and are not considered a donation)

\$10 Starbucks Cards [7% toward my student's travel fund].....	# cards: _____	x \$10 =	\$ _____
\$25 Starbucks Cards [7% toward my student's travel fund].....	# cards: _____	x \$25 =	\$ _____
\$25 Safeway Cards [4% toward my student's travel fund].....	# cards: _____	x \$25 =	\$ _____
\$25 CVS Cards [6% toward my student's travel fund].....	# cards: _____	x \$25 =	\$ _____
\$25 Hong's Cards [20% toward my student's travel fund].....	# cards: _____	x \$25 =	\$ _____

Total Amount Enclosed (No Cash, Please!): \$ _____

Student 1's Name: _____ School: _____ Grade: _____

E-mail: _____ Cell Phone: _____

Student 2's Name: _____ School: _____ Grade: _____

E-mail: _____ Cell Phone: _____

Student 3's Name: _____ School: _____ Grade: _____

E-mail: _____ Cell Phone: _____

Mother's First Name: _____ Last Name: _____

Father's First Name: _____ Last Name: _____

Mother's Address: _____ City: _____ Zip: _____

Father's Address: _____ City: _____ Zip: _____

Mother's Home Phone: _____ Cell Phone: _____

Father's Home Phone: _____ Cell Phone: _____

Mother's E-mail: _____

Father's E-mail: _____

**Please make your check payable to Saratoga Music Boosters and send to:
SMB, c/o Saratoga High School, 20300 Herriman Avenue, Saratoga, California 95070**

Questions? SMB Membership Team: Beth Kingsley (bethkingsley2002@yahoo.com) or Annie Ying (ying.annie@yahoo.com)

Join Us on Facebook @ "Saratoga Music Boosters"

Visit www.saratogamusicboosters.org for a calendar of performances for grades 4-12.

THANK YOU FOR YOUR SUPPORT!!!!