

Booster Family Membership

2016-2017

Please respond by August 10, 2016 in order for your name to appear in the fall programs.

Thank you for your continued support of the Booster Clubs at LeMars Community Schools.

Karen Carlsen
Athletic Booster President
540-2891

Michelle Connor
Music Booster President
539-1374

Denise Anthony
T&I Booster President
540-3216

Membership Levels 2016-2017 School Year

Athletic Booster	Music Booster	T & I Booster
<input type="checkbox"/> \$100 + Platinum	<input type="checkbox"/> \$1,000 + Maestro	<input type="checkbox"/> \$100 + Master
<input type="checkbox"/> \$75 Gold	<input type="checkbox"/> \$100-999 Concert Master	<input type="checkbox"/> \$75 Journeyman
<input type="checkbox"/> \$50 Silver	<input type="checkbox"/> \$75 Principal Chair	<input type="checkbox"/> \$50 Apprentice
<input type="checkbox"/> \$25 Bronze	<input type="checkbox"/> \$50 Section Leader	<input type="checkbox"/> \$25 Intern
\$ _____	\$ _____	\$ _____

Total amount of contribution \$ _____

Please return this portion with your payment

Name _____ Phone _____

Print your name as you want it to appear in the program

Address _____ E-mail _____

Membership Levels 2016-2017 School Year

Athletic Booster	Music Booster	T & I Booster
<input type="checkbox"/> \$100 + Platinum	<input type="checkbox"/> \$1,000 + Maestro	<input type="checkbox"/> \$100 + Master
<input type="checkbox"/> \$75 Gold	<input type="checkbox"/> \$100-999 Concert Master	<input type="checkbox"/> \$75 Journeyman
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<input type="checkbox"/> \$25 Bronze	<input type="checkbox"/> \$50 Section Leader	<input type="checkbox"/> \$25 Intern
\$ _____	\$ _____	\$ _____

Total amount of contribution \$ _____

Please make checks payable to LCHS Boosters, PO Box 333, LeMars, IA 51031

Thank you for supporting LCHS students.