

On Tour Company Parent Boosters

1786 State Street, Merrick, NY 11566

September 2011

Dear *On Tour Company* Parents:

During the past few years, a very active *On Tour Company (OTC) Parent Boosters* organization has flourished at Calhoun. This parent group has worked hard to support our wonderful, district-wide *On Tour Company* Program. From the proceeds of various fundraisers (e.g. Shakespeare Dinner Theatres, refreshment sales at performances, *OTC* apparel and raffle sales), *OTC Parent Boosters* has been able to fund and support the following:

- 👤 Purchasing sewing machines 👤 Purchasing computer equipment 👤 Purchasing furniture and props 👤
- 👤 Purchasing lighting and sound equipment 👤 Rental of costumes 👤 Musicians for Musicals 👤
- 👤 Publicity for shows 👤 Annual Thespian Society Induction Dinner 👤
- 👤 Providing healthy snacks during pre-show "hell weeks" 👤 Providing Opening Night Dinners 👤

We need your support and encourage you to join *OTC Parent Boosters*. By doing so, you will enhance your family's experience and involvement in the *OTC* program, help fund items needed for the program and receive updates and emails to keep you well informed about upcoming *OTC* and related activities.

Please complete the membership form below and mail it, along with a \$25.00 check payable to **Calhoun OTC Parent Boosters** to Membership Co-Chair, Gayle Silverman at 3083 Ira Road, Bellmore, NY 11710. Your membership will include a \$5.00 discount coupon towards the purchase of *On Tour* clothing (t-shirts, sweatpants, sweatshirts, etc.)

Additionally, please join us at our first *OTC Parent Boosters* meeting on **Tuesday, October 4, 2011, at 8:00 PM** in the West Cafeteria. We look forward to another great year supporting our kids in the program!

Thank you.

Chris Austein austeinchris@verizon.net 516/375-2135
Rena Cohen Kozin rcohen@aelixgroup.com 516/448-5420
Co-Presidents, *OTC Parent Boosters*

Gayle Silverman andianmon@aol.com
Liz Vogel elizvogel@optonline.net
Membership Co-Chairs, *OTC Parent Boosters*



BMCHSD

2011 – 2011 *OTC Parent Boosters* (Please make \$25.00 check payable to: **Calhoun OTC Parent Boosters**)

Parent Name(s): _____

Student Name(s): _____ Grade(s): _____

Home #: _____ Mobile #: _____

Address: _____

Email: _____

I do ___ do not___ wish to be included on the Boosters List to be distributed.