



Sanford H. Calhoun High School

On Tour Company

Parent Boosters Membership

Welcome *On Tour Company* Parents,

As you know, a very active *On Tour Company (OTC) Parent Boosters* organization flourishes at Calhoun High School. This parent group works hard to support our wonderful, district-wide *On Tour Company* Program. Booster support and fundraising activities such as the sale of refreshments and apparel at performances, the Shakespeare Dinner Theatre, the musical gift basket raffles have helped fund and support the following:

*** Purchasing computer, lighting and sound equipment, furniture and props, etc.**

*** Underwriting costume rentals, musicians for musicals, choreographers, publicity, etc.**

*** Making a substantial donation to Calhoun HS for the multi-media projection system for the main auditorium**

*** Providing healthy snacks during "hell weeks", a dinner for dress rehearsal nights, and the "opening night dinners" (9 meals per year)**

And much, much more

Your support is crucial to the Booster's success! Please complete the membership form below and bring it with you to our **first** meeting TBD

Your membership will include a \$5.00 coupon to be used toward the purchase of OTC clothing and merchandise.

Family membership: \$50 which includes 2 tickets to the Winter or Spring show

\$15 per OTC face mask or 2 for \$25 can be added to your payment

Mail to: Matrona Koutsouras @ 2770 Maple Ave, N. Bellmore, NY 11710 or

You can also send payment with Venmo to @OTCBoosters (you will see Scott Levy as the recipient). Please indicate what the payment is for, your child's name and grade.

We look forward to another great year supporting our hard working students. We hope to see you at the first meeting, and of course, at all of the outstanding *On Tour Company* productions.

Thank you,

Barbra Klein & Michelle Parr

OTC Parent Boosters Co-Presidents

******Everything that we are able to do or not do will be dependent upon COVID regulations and state and local guidelines**

2020 - 2021 *OTC Parent Boosters* Please make check payable to: **Calhoun OTC Boosters**

Parent Name(s): _____

Student Name(s): _____

Grade _____ Parent Email _____

Preferred phone #: _____

Address: _____

Method of payment: check amount: _____ check number: _____ Venmo: _____