

YHS Choral Boosters Inc.

Application for Membership

Applicant: _____

Applicant's Email (that you check☺): _____

Student Name #1: _____ Grade: _____

Student Name #2: _____ Grade: _____

Address: _____

City

State

Zip

Phone: _____

Family (\$10)

Individual (\$7)

Teacher (\$5)

YHS Chorus Alumni (\$5)

***Please provide a business card or your name as you would like it to be printed in the program.*

Checks made payable and mailed to:

York High School
9300 GW Memorial Hwy
Yorktown, VA 23692

QUESTIONS?

Kelly Dayton
YHS Choral Booster President
President@yhschorus.org

Cathy Sisk
YHS BINGO MANAGER
bingo@yhschorus.org

Tiffany Temple
YHS Choral Director
ttemple@yhschorus.org