



2016-2017 Akins Journey Theatre Booster Club

_____ \$10.00 Membership

Cash _____

Check # _____ (Checks payable to Akins High School Theatre Booster Club)

Name: _____

Email Address: _____

Address: _____

Student (s): _____ Grade: _____

_____ Grade: _____

Home Phone: _____ Cell Phone: _____

I would like to help with.....

Costumes: _____

Food: _____

Tech Work Day: _____

Working Concessions for Shows: _____