



SSHS Performing Arts Boosters



BENEFITS

- ❖ **Our organization offers thousands of dollars in scholarship awards to our graduating performing arts seniors each year!** *Family membership required for 2 years to be eligible

Other ways our organization helps:

- ❖ Publicity for performances
- ❖ Financial assistance for needed supplies and performances for all Performing Arts departments
- ❖ Fundraising for new equipment
- ❖ Organize and run concessions at all Santa Susana High School performance events
- ❖ "Tech Week" Support

Being a Booster member also benefits families:

- ❖ Early access to purchase tickets before the general public
- ❖ Discounts on matinee performances (may only be purchased through student store to receive discount)
- ❖ Leadership opportunities and community service for parents, students or other family members (excellent enhancement for resume and college applications)
- ❖ The opportunity to make a difference and **be an important part of your student's high school experience** by participating in their involvement in the arts!

OUR MISSION

- ❖ Founded on principles of service to Santa Susana High School and dedication to its performing arts programs, Santa Susana Performing Arts Boosters (SSPAB) strives to advocate for those programs within the school and the surrounding community; to promote program performances and activities, encouraging attendance by students, parents, friends and community members; to support the programs and their directors/teachers with volunteers and fundraising; and to assist graduating performing arts program students by providing scholarships.

❖ Membership Application

To join, please complete the application below and mail it in with the attached envelope (please add proper postage), give it to your student to hand in to their performing arts class, deposit in the main office "Booster Box" with check, or turn in the form and pay with credit card via PayPal at <http://sspab.org/membership>

 Primary Role: Parent Grandparent Teacher/Staff Other _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Contact me for volunteer opportunities

Student(s):

Name: _____ Grade: _____

Name: _____ Grade: _____

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|------------------------------|---------|
| Household Membership | \$30.00 |
| + Donation to specific Dept. | |
| + Donation to Booster Fund | |
| Total Amount Enclosed | |

VM – Vocal Music
 IM – Instr. Music
 D – Dance
 T – Theatre
 SC - Stagecraft

VM IM D T SC

VM IM D T SC

Make checks payable to SSPAB

Please write "Booster Membership" and/or "Donation" in the memo area of your check.