

Band Enrollment Form & Contact Information

STUDENT

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

PARENT/GUARDIAN

Name: _____

Relationship to Student: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Occupation/Skills: _____

PARENT/GUARDIAN

Name: _____

Relationship to Student: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Address: _____

City/State/Zip: _____

E-mail Address: _____

Occupation/Skills: _____

PLEASE READ THE HANDBOOK CAREFULLY BEFORE SIGNING BELOW

“We have read the Howard Band Handbook and our student has permission to participate in band and all band activities within the guidelines as stated.”

Parent/Legal Guardian Signature

Date

Student Signature

Date