**BAND CAMP REGISTRATION - Return to Band Box by June 1, 2018**

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| --- | --- | --- | --- |
| Student Name: Last Name, First | M or F | Instrument Played | Grad Yr. |
| Address | City | State | Zip |
| Home Phone / and Cell Phone | Date of Birth |
| Father (Legal Guardian) | Mother (Legal Guardian) |
| Address (If different then Student) | Address (If different then Student) |
| City | State | Zip | City | State | Zip |
| Primary email | Secondary email |
| Emergency Contact (Other than parent) | Emergency Phone | Emergency Cell |
| Emergency Address | City | State | Zip |
| Name of person(s) other than parent or legal guardian to whom the student may be released. |
| Person #1 | Person #2 |
| Interested in Chaperoning at Band Camp? Yes No |
| Note any other information we should be aware of: |
| Parent: List Activities, Committees Interested in Volunteering for: |