**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: | | | | | | | | |