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BAND REGISTRATION FORM

(PLEASE PRINT)

Name _____ School _____

Address _____ City _____

Zip _____ Phone _____

Emergency Contact: _____

Please print the best email address to send important info to you.

Email _____

Alternate Email _____

_____ \$250.00 for one child

_____ \$440.00 for two or more children in same family

Please make check to: The Music Staff **except for Immaculate Heart of Mary, St. John Dry Ridge, John Paul II

Please hand in form and fee to your band director at the first rehearsal.