

# Highland High School Band Information

Student's Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Instrument: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Would you be interested in being part of the booster club?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ **Initial** – We agree to give our Email address to the band boosters so we will be able to receive information concerning the band and our child's participation thereof.

Dad's Email: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

\_\_\_\_\_ **Initial** – We agree to allow the HHSIMBC to reproduce thorough printed, audio, visual or electronic means activities in which your pupil has participated in this program

**Please return this form to Mr. McCaslin in the band room.**