

Band Camp Registration

NAME LAST/FIRST	GRADUATION YEAR/INSTRUMENT
ADDRESS STREET #, CITY, STATE	
HOME PHONE/CELL PHONE	DATE OF BIRTH

FATHER (LEGAL GUARDIAN)			MOTHER (LEGAL GUARDIAN)		
ADDRESS (IF DIFFERENT FROM STUDENT)			ADDRESS (IF DIFFERENT FROM STUDENT)		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		HOME PHONE	CELL PHONE	
E-MAIL (TO BE USED BY BAND BOOSTERS ONLY)			SECOND E-MAIL (TO BE USED BY BAND BOOSTERS ONLY)		
EMPLOYER			EMPLOYER		
EMPLOYER ADDRESS			EMPLOYER ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
WORK PHONE	HOURS OF EMPLOYMENT		WORK PHONE	HOURS OF EMPLOYMENT	

PERSON TO BE NOTIFIED IN AN EMERGENCY OTHER THAN PARENT	LOCAL PHONE	CELL PHONE	
LOCAL ADDRESS	CITY	STATE	ZIP

NAMES OF PERSONS OTHER THAN PARENT OR LEGAL GUARDIAN TO WHOM STUDENT MAY BE RELEASED
 * NOTE: ONLY THESE PERSONS AND PARENT/GUARDIAN WILL BE ALLOWED TO TAKE YOUR CHILD OFF THE CAMP GROUNDS.

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