

2009-2010 BUCHANAN HIGH SCHOOL BAND & COLOR GUARD STUDENT & PARENT INFORMATION SHEET

Student: _____
(Last Name) (First Name)

Date of Birth: ____/____/____ Grade: 9 10 11 12

Graduation Year: 2010 2011 2012 2013

Home Address: _____
(Street) (City) (Zip)

Home Phone: _____

Student Cell Phone: _____

Student's E-Mail Address: _____

Marching Instrument: _____

Concert Instrument: _____

Other Instruments Played: _____

Do You Own Your Own Instrument: Yes No If So, Which One/s: _____

If No, Are You Able To Rent An Instrument: Yes No

Do You Take Private Lessons: Yes No

If Yes, Who: _____ When: _____

Classes Interested In: Color Guard Concert Jazz Marching Orchestra

PARENT/GUARDIAN INFORMATION:

MOTHER		FATHER
	Name	
	Address	
	City, Zip	
	Occupation	
	Employer	
	Best Time To Contact	
	Home Phone	
	Work Phone	
	Cell Phone	
	Home E-Mail	
	Work E-Mail	

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Please let us know if you are willing to share any of the following skills with the Buchanan High School Band & Color Guard.

MOTHER	SKILL	FATHER
	Accounting Skills	
	Chaperone	
	Computer Skills	
	Electrical Skills	
	Food Preparation	
	Fundraising	
	Handyman Skills	
	Legal Skills	
	Mechanical Skills	
	Medical Training	
	Organizational Skills	
	Photography	
	Publicity/Media Relations	
	Sewing	
	Truck Driving Skills	
	Web Page Experience	
	Welding Skills	
	Other – Please List	

Would you be interested in being on an executive board committee for the BHS Band & Color Guard Steering Committee? Yes No

Do you give permission for your name, address, phone and e-mail information to be included in the BHS Instrumental Music Directory? Yes No