



H.H.S. Band Boosters Association Member Information Form

DATE: _____

TYPE OF MEMBERSHIP: _____

(Individual \$5.00 OR Family \$10.00)

AMOUNT PAID: _____

Card(s) Given: _____

Member(s) Name: _____

If this is a family membership, please list both names

Address: _____

Phone Numbers: _____

Please list your home, cell and work phone numbers

Email Address: _____

Please list your child(ren) participating in the HHS Band Program

<u>Name</u>	<u>Grade</u>	<u>In Which Bands?</u>	<u>Instruments</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact: _____

Name and Telephone Number

Please let us know if you are able to help out in the following areas:

Volunteering during band camp _____

Chaperoning during football games/competitions/bus trips _____

Driving a bus _____

Building/moving props and band equipment _____

Crystal Coast Band Classic (CCBC) _____

If you have any special concerns or talents, please let us know:
