

Intent Form

(Not a commitment)

First Name _____ Middle In. ___

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Parent's Names _____

Cell Contact _____

Emergency Contact _____

Mother's Work _____ Mother's Work Phone _____

Father's Work _____ Father's Work Phone _____

Instrument _____

Marching Instrument _____
If Different from Concert Instrument

Parent's E-mail(s) _____

Please indicate your interest: Mark ALL that apply

Class Band?	Yes _____	No _____
Football Band? (interested in?)	Yes _____	No _____
Competition Band? (interested in?)	Yes _____	No _____
Jazz Band? (interested in?)	Yes _____	No _____

Parent's Signature _____

***Please return A.S.A.P. to: HCHS Band
920 HWY 96
Warner Robins
GA 31088
or e-mail to wally.shaw@hcbe.net***