

# 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***