

First Name _____ Middle In. _____ Last Name _____

Address _____

Phone _____

City _____

State _____

Zip _____

Parent's Names _____

Mother's Work _____

Mother's Work Phone _____

Father's Work _____

Father's Work Phone _____

Cell Contact _____

Emergency Contact _____

E-Mail _____

Parent's E-mail _____

Instrument _____

Please indicate your interest: Mark ALL that apply

Marching Instrument: _____ If Different from Concert Instrument _____

Football Band? Yes

Class Band? Yes

If you march you will be placed into a band class

Competition Band? Yes

Jazz Band? Yes

This is for interest only. There is a seperate audition for Jazz Band

Parent's Signature _____

Band Yes **yes**

Band No **no**

***Please return A.S.A.P. to: HCHS Band
920 HWY 96
Warner Robins
GA 31088***