

2009-2010 Brien McMahon Marching Senators

BAND & GUARD FALL REGISTRATION FORM

STUDENT NAME _____

HOME ADDRESS (1) _____

CITY _____ STATE _____ ZIP _____

STUDENT PHONE (Home) _____ (Cell) _____

STUDENT E-MAIL ADDRESS _____

PARENT(S) NAME _____

PARENT ADDRESS (2) _____

PARENT CITY _____ STATE _____ ZIP _____

PARENT PHONE (Home) _____ (Cell) _____

PARENT PHONE (Work) _____ (Other) _____

PARENT E-MAIL ADDRESS _____

BEST ADDRESS TO MAIL STUFF TO (1) OR (2) _____

ARE YOU A SENIOR? JUNIOR? SOPHOMORE? FRESHMAN?

ARE YOU IN: BAND? _____ GUARD? _____

INSTRUMENT: _____

IN CASE OF EMERGENCY, CONTACT _____

ANY QUESTIONS/COMMENTS? _____

Please print this form, fill it out, and give it to the Band Director or drop it in the Brien McMahon Marching Band mailbox.