

Marching Band Enrollment Form

PLEASE PRINT CLEARLY

Participants Name _____ Student ID# _____

Address _____ Zip Code _____

Student Email _____ Telephone _____

Previous School _____ Current Grade 9 10 11 12 (circle one)

Marching Instrument _____

Concert Instrument _____

Father's Name _____

Address if different from Student _____ Zip _____

Email Address _____

Telephone H _____ W _____ C _____

Mothers Name _____

Address if different from Student _____ Zip _____

Email Address _____

Telephone H _____ W _____ C _____

Check the following that apply:

_____ My nonrefundable \$100 lab fee deposit is attached. (make checks payable to VHS Band Boosters)

_____ I plan to participate and will send my \$100 lab fee deposit by August 1st.
(Can be mailed to VHS Band Boosters at 7600 IBM Drive, Charlotte NC 28262)

_____ Please have someone contact me for more information about the program.

_____ I would like more information about fundraising opportunities.