

WESTMINSTER BAND AND ORCHESTRA STUDENT INFORMATION FORM

I. Student Information

Name: _____

Address: _____
Number and Street

City, State and Zip

Phone: _____

E-Mail Address: _____

Current Instrument: _____ Current Grade: _____

II. Parent Information

Mother's Name: _____

Home Address (If different than above):

Number and Street

City, State and Zip

Occupation: _____ Work Phone Number: _____

E-Mail Address: _____

Father's Name: _____

Home Address (If different than above):

Number and Street

City, State and Zip

Occupation: _____ Work Phone Number: _____

E-Mail Address: _____

Circle the performing groups of which you are a member:

Marching Band Wind Ensemble

Symphonic Band Concert Band

Orchestra Jazz Ensemble

Parent Signature and Date