



STUDENT INFORMATION

Please Print Legibly

Last Name		First Name		Grad Yr:	M/F:
Primary Address		City	Zip	Billing address	
Marching Instrument		School Owned	Concert Instrument		School Owned
		Y / N			Y / N
Food or Environmental Allergies: (Needed For Band Camp planning purposes)					

PARENT/ GUARDIAN CONTACT INFORMATION

Parent/Guardian1 Last Name		Parent/Guardian 1 First Name		Parent/Guardian 1 Email:		Resp. Payment
						Y / N
Parent/Guardian 1 Cell #	Parent/Guardian 1 Work #	Parent/Guard. 1 Other #	Occupation			
Parent/Guardian 2 Last Name		Parent/Guardian 2 First Name		Parent/Guardian 2 Email:		Resp. Payment
						Y / N
Parent/Guardian 2 Cell #	Parent/Guardian 2 Work #	Parent/Guard. 2 Other #	Occupation			
Parent/Guardian 3 Last Name (if applicable)		Parent/Guardian 3 First Name		Parent/Guardian 3 Email:		Resp. Payment
						Y / N
Parent/Guardian 3 Cell #	Parent/Guardian 3 Work #	Parent/Guard. 3 Other #	Occupation			

BILLING INFORMATION IF DIFFERENT THAN STUDENT

Billing Name:				
Billing Address:		City:	State	Zip

EMERGENCY CONTACT INFORMATION – (Other than parent or guardian)

Emergency Contact 1	Emergency Contact 1 Phone # 1	Emergency Contact 1 Phone # 2
Emergency Contact 2	Emergency Contact 2 Phone #1	Emergency Contact 2 Phone # 2