Please check the box next to your class choice:

Band  □  Circle your top instrument choice.
Flute  Clarinet  Trumpet  Trombone  Percussion

Choir  □

Orchestra  □  Circle your top instrument choice.
Violin  Viola  Cello  Bass

Please fill out the information on the back.
Demographic Information

The music teachers will use this information to contact you over the summer about acquiring an instrument (if needed) and or other pertinent information about the coming school year.

Student Name: ____________________________  Parent/Guardian Name: ____________________________

Parent/Guardian Email Address 1: __________________________________________________________

Parent/Guardian Email Address 2: __________________________________________________________

Home Phone Number: _________________  Parent/Guardian Mobile Phone Number: _________________