

LOWNDES HIGH SCHOOL BAND

2019-2020 MEMBER COMMITMENT FORM

Name _____

Grade next year _____ Date of Birth _____ Male or Female
(Circle one)

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Instrument/Section _____

Mother/Guardian Name _____

Mother's work phone _____ Mother's Email _____

Father/Guardian Name _____

Father's work phone _____ Father's Email _____

I will commit to participate in the 2018-2019 Lowndes H.S. Band. By signing this form, I agree to attend rehearsals and all performances, always put forth my best effort, and hereby state that I am registering for band.

I am making a commitment to participate and I want a position in our fall marching show.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date