

Band Member Information Sheet

Name _____

Address _____
(PO Box or Street Address)

(City, State, Zip)

Home Phone _____

Student Cell Phone _____

Student E-mail _____

Living with (circle one) Both Parents – Mother – Father – Guardian
Please list the best contact information below.

Father's Name _____

E-mail _____

Cell Phone (or best contact number) _____

Mother's Name _____

E-mail _____

Cell Phone (or best contact number) _____

Guardian's Name _____

E-mail _____

Cell Phone (or best contact number) _____

Emergency Contact (other than listed above) _____

Phone _____