

2023 CASTLE BANDS
NEW MEMBER INFORMATION

Student Information

Student Name _____ Current Grade _____ Class of 20 _____

Student Address _____ City _____ Zip _____

Home Phone # _____ Student Cell Phone # _____

Student School Email _____ School Currently Attending _____

Marching Instrument (Flute, Trumpet Guard, Etc.) _____

Concert Band Instrument (if different) _____

Will you need a school owned instrument? YES NO

Trying out for a fall sport? If so, which one(s)? Please circle all that apply.

Football Soccer Cross Country Boys Tennis Volleyball Girls Golf Cheerleading Boys Lacrosse

Summer Uniform T-shirt size X-Small Small Medium Large XLarge 2XLarge 3XLarge

Summer Uniform Short size X-Small Small Medium Large XLarge 2XLarge 3XLarge

Parent Information

Parent/Guardian #1 Name _____

Parent #1 Address (if different from student) _____

Parent #1 Cell # _____ Parent #1 email _____

Parent/Guardian #2 Name _____

Parent #2 Address (if different from student) _____

Parent #2 Cell # _____ Parent #2 email _____

As the parent or guardian of the student named above, I give permission for the above information to be added to the band directory as indicated.

Parent Signature

Date

Please return this form to the Castle Band Office