

PLEASE PRINT AND HAVE YOUR PARENT FILL OUT

Please return to the band director by: September 6th (10 points)

STUDENT NAME _____

GRADE _____

CELL _____

INSTRUMENT _____

BAND HOUR(s) _____

PARENT EMAIL ADDRESS _____

**I have read and understand the Handbook for the FHS Bands, located at www.fentonbands.org. I am aware of the concert dates and requirements for the band program.

Parent Signature & Date

Student Signature & Date