

Somerset Berkley Regional High School Music Department

2017 - 2018 Student Contact Information Form for All Performing Musicians

PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION (PRINT LEGIBLY)

Student Name: _____ Year of Graduation: _____

Student Email Address: _____

Student Cell Phone: _____

Music groups enrolled in for 2017-2018: _____

Parent / Guardian Name(s): _____

Address: _____ Zip Code: _____

Home Phone: _____ Parent / Guardian(s') Phone: _____

Parent / Guardian(s') Email Address('): _____

May we share your contact information with the Somerset Friends of Music? YES _____ NO _____

May we use your child's picture on Music Department / Somerset Friends of Music social media pages, web sites, etc.?

YES _____ NO _____ Parent / Guardian Signature: _____

PARENT VOLUNTEER LIST

Please list any activities that you might be interested in helping with for the Music Department (i.e. Concerts, supervising students at different events, helping out with the Somerset Friends of Music functions (such as Musictown Festival), calling / emailing parents & students, clerical work, serving on the Somerset Friends of Music Executive Board, working on fundraisers, assisting with extra-curricular music ensemble events, etc.
