

Somerset Berkley Regional High School ***Music Department***

2017 - 2018 Winter Music Ensembles Student & Parent Contact Information Form

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

Student Name: _____ Year of Graduation: _____

Student Email Address: _____

Student Cell Phone: _____

Instrument interested in performing: *i.e. Snare, Vibe, Guard, Majorette, unsure, etc.* _____

Parent / Guardian (1) Name: _____

Parent / Guardian (1) Cell Phone: _____

Parent / Guardian (1) Email Address: _____

Parent / Guardian (2) Name: _____

Parent / Guardian (2) Cell Phone: _____

Parent / Guardian (2) Email Address: _____

Home Address: _____

Home Phone: _____