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Student's Last Name

STARR'S MILL BAND PROGRAM
FAMILY INFORMATION FORM

Check all that apply: ☐ Marching Band ☐ Auxiliary ☐ Winterguard ☐ Percussion

☐ Wind Ensemble ☐ Symphonic ☐ Concert ☐ Jazz

ADDRESS INFORMATION:

Address: _____

City: _____State: _____Zip: _____

Home Phone: _____

ALTERNATE ADDRESS (if necessary)

Address: _____

City: _____State: ____Zip: _____

Home Phone: _____

STUDENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
First Name:_____	First Name:_____	First Name:_____
Last Name:_____	Last Name:_____	Last Name:_____
Nickname:_____	E-Mail:_____	E-Mail:_____
E-Mail:_____	Occupation:_____	Occupation:_____
Grade in 2008-09:_____	Company:_____	Company:_____
Birthdate:_____	Cell Phone:_____	Cell Phone:_____
Instrument(s):_____	Work Phone:_____	Work Phone:_____

VOLUNTEER OPPORTUNITIES: Volunteers are very important to our organization. Please check each activity below that you would be willing to participate in.

Mom	Dad		Mom	Dad	
☐	☐	Concessions	☐	☐	Pit Crew
☐	☐	Night of Starrs: General/Food/Décor	☐	☐	Chaperone Marching Season Events
☐	☐	Night of Starrs: Silent Auction	☐	☐	Chaperone Concert Season Events
☐	☐	Bandorama (Yard Sale): Organization	☐	☐	Hemming Uniforms and Flags
☐	☐	Bandorama (Yard Sale): Day of sale	☐	☐	Videography/Photography
☐	☐	Sales fundraisers (Butter Braids, Fun Pasta, etc.)	☐	☐	Provide food (Band camp/ Hospitality/ etc)
☐	☐	Other fundraising events	☐	☐	Marching Field Mowing (using school's mower)

Other Interests or Talents: _____

_____

Please indicate your permission for use of the following information for band purposes:

YES	NO	
☐	☐	I authorize the use of my student's name or picture for use in news media or stories about the band.
☐	☐	I authorize the distribution of my student's contact information for the band directory.
☐	☐	I authorize the distribution of my parent contact information for the band directory.

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Parent's Signature