

Greece Central School District

Registration Form

Please clearly print the following information:

Last: _____ First: _____ (circle one) male female
Address: _____ Date of Birth: ___/___/___
City: _____ Zip: _____ T-Shirt Size: S M L XL 2XL
Home Phone: _____ Cell Phone: _____
Email address: _____
School: _____ Grade: _____ Instrument: _____
Band Director: _____

Parent/Guardian Name: _____ Evening Phone: _____
Occupation: _____ Daytime Phone: _____
Email Address: _____ Cell Phone: _____

Parent/Guardian Name: _____ Evening Phone: _____
Occupation: _____ Daytime Phone: _____
Email Address: _____ Cell Phone: _____

Please list any obligations that might conflict with marching band:

<u>Obligation</u>	<u>Time Commitment</u>	<u>Agreement for Compromise</u>
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Please list any community contacts that you or your family might have that could benefit the marching band:

<u>Community Contact</u>	<u>Phone Number</u>	<u>How could it help?</u>
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