

HOOVER BUCCANEER BAND

CONTACT INFORMATION

Completion of this form ensures that you will be sent all pertinent band information and announcements via e-mail and/or callingpost.

Please return all completed forms to Mr. Carroll by August 6th.

STUDENT'S NAME _____

Name student prefers to be called _____ GRADE _____

INSTRUMENT(S) _____
(concert instrument first, marching instrument second, OR auxiliary)

PARENTS' NAMES _____

HOME MAILING ADDRESS _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

E-MAIL ADDRESSES (e-mail addresses that are most likely to be read by a parent)

