

SHSIMSG Membership Registration Application



Marching Band Season 20__ - 20 __

Welcome all new families to the S.H.S.I.M.S.G. We look forward to working with you in the upcoming school year and hope to have 100% involvement. Please complete the information below and return it to the Membership Chairperson at the next Booster meeting. Thank you for your participation and "GO BLUE JAYS!"

Student's Name: _____

Grade: _____ Instrument: _____ Band/Orchestra/Auxiliary: _____

2nd Student's Name: _____

Grade: _____ Instrument: _____ Band/Orchestra/Auxiliary: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____ (C) _____

e-mail: _____

Volunteer Interests: _____

Chaperone, Fundraising ,Tagging, Helping during band events (football games, band concerts, band ball, invitationals/exhibitions and etc.)

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____ (C) _____

e-mail: _____

Volunteer Interests: _____

Chaperone, Fundraising ,Tagging, Helping during band events (football games, band concerts, band ball, invitationals/exhibitions and etc.)