



Band Application 2010-2011 (Experienced Students)

This application needs to be completed and turned in to Mr. Beckstrom.

Student's Name _____ Grade _____

Parent/Guardian's Name _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian's Email Address _____

Homeroom Teacher _____

Were you in Band last year or the year before? Circle one Yes No

What instrument did you play? _____

How many years were you in Band? _____

Did you rent or own your instrument? _____

Do you still have your instrument? _____

Do you currently own that instrument? _____

Band practice will be on Tuesdays (and possibly Thursdays) after school from 2:05 to 4:00. Students will have to provide their own transportation home. The start date for band practice will be announced after Mr. Beckstrom has processed the applications.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____