



Band Application 2010-2011 (New 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 _____

What instrument are you interested in playing?
(Number your top three choices)

___ Flute ___ Clarinet ___ Alt Saxophone
___ Tenor Saxophone ___ Trumpet ___ French Horn
___ Baritone ___ Trombone ___ Tuba ___ Percussion

Have you ever played an instrument before? Yes No
What instrument? _____

Do you currently own an instrument? Yes No
If yes, what type of 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 _____