



# Band Application 2009-2010 (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 \_\_\_\_\_