

**Cavalier Band Roster Information Form
2009 – 2010**

Student Name: _____ Circle grade: 9 10 11 12

Instrument: _____ Student Email Address: _____

Student Cell Phone: _____ **Publish Cell Phone in Directory? Y / N**

Circle number of years in LT Cavalier Band, including 09-10: 1 2 3 4

Circle meal preference: regular vegetarian lactose-free other _____

This is for all meals provided by Band Parents and choice will remain for the entire year.

Primary Residence

Mailing Address: _____

City, Zip Code: _____ Home Phone: _____

Parent Name(s): _____

Work Phone(s): _____

Cell Phone(s): _____ **Publish Cell Phone(s) in Directory? Y / N**

Email Addresses:

Other Residence (if applicable)

Mailing Address: _____

City, Zip Code: _____ Home Phone: _____

Parent Name(s): _____

Work Phone(s): _____

Cell Phone(s): _____ **Publish Cell Phone(s) in Directory? Y / N**

Email Addresses:

Parent or Guardian signature below indicates that you **DO NOT** give permission for these releases. The deadline for turning in this form to have your selections processed is Friday, August 21, 2009.

Please note that this is an OPT-OUT choice.

Photo Release

My child's name and photo/video **may not** be used for publication in Cavalier Band Newsletter, Band or LTHS related websites, and/or the Lake Travis View for the purpose of recognition and promoting the LT Band.

Signature of parent/guardian _____ Date _____

Directory Release

The Band Directory will be distributed to current band parents only and is not used for business solicitation. I **do not** give permission for the information contained in this form to be published in the Band Directory.

Signature of parent/guardian _____ Date _____