

Band Roster Information Form 2008-09

Student Name: _____ Circle grade: 9 10 11 12

Instrument: _____ Student Email Address: _____

Circle number of years in LT Cavalier Band, including 08-09: 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 season.

Primary Residence

Street Address: _____

City, Zip Code: _____ Home Phone: _____

Parent Name(s): _____

Work Phones: _____

Cell Phones: _____

Email Addresses: _____

Other Residence (if applicable)

Street Address: _____

City, Zip Code: _____ Home Phone: _____

Parent Name(s): _____

Work Phones: _____

Cell Phones: _____

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 August 22, 2008. Please note that this opt-out choice is different than in years past.

Photo Release

My child's name and photo/video **may not** be used for publication in newsletter and band or school related web sites 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 to be used for business solicitation.

I **do not** give permission for the information contained on this form to be published in the Band Directory.

Signature of parent/guardian _____ Date: _____