

**REGISTRATION FORM**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT PHONE NUMBER: \_\_\_\_\_

OTHER PHONE NUMBER: \_\_\_\_\_

STUDENT SCHOOL: \_\_\_\_\_ NESS \_\_\_\_\_ ORCHARD CENTER

\_\_\_\_\_ PASADENA \_\_\_\_\_ SETH WOODARD \_\_\_\_\_ CENTENNIAL

\_\_\_\_\_ CITY SCHOOL \_\_\_\_\_ WEST VALLEY HIGH SCHOOL

SHIRT SIZE (SPECIFY YOUTH OR ADULT SIZE):

\_\_\_\_\_ YOUTH \_\_\_\_\_ ADULT

\_\_\_\_\_ EXTRA SMALL \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE

OTHER: \_\_\_\_\_

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**PERMISSION FORM**

\_\_\_\_\_ has my permission to participate in the 2019 Color Guard Clinic sponsored by the West Valley Band Boosters. The clinic will be supervised by Jim Loucks, Band Director, and Whitney-Temby-Sturtevant, Color Guard Instructor. It is my responsibility to drop-off and pick-up my student to each practice on time.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_