

# HOOVER BUCCANEER BAND CONTACT INFORMATION

Completion of this form ensures that you will be sent all pertinent band information and announcements via e-mail and/or callingpost.

*Please return all completed forms to Mr. Carroll by August 10th.*

STUDENT'S NAME \_\_\_\_\_

Name student prefers to be called \_\_\_\_\_ GRADE \_\_\_\_\_

INSTRUMENT(S) \_\_\_\_\_  
(concert instrument first, marching instrument second, OR auxiliary)

PARENTS' NAMES \_\_\_\_\_

HOME MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESSES (e-mail addresses that are most likely to be read by a parent)

\_\_\_\_\_

\_\_\_\_\_