FROSTBURG STATE UNIVERSITY
HONOR BAND REGISTRATION FORM

First Name: ___________________________ Last Name: ___________________________

Instrument: ___________________________

Grade: 9 10 11 12 (please circle one)

Home Address: ____________________________________________

City/State/Zip Code: ____________________________________________

School: ____________________________________________

Band Director: ____________________________________________

Parent/Guardian: ____________________________________________

Home Phone: (_____) _______ - _________

Cell Phone: (_____) _______ - _________

Student Email: ____________________________________________

Parent/Guardian Email: ____________________________________________

There is a $40.00 registration fee for this event, due in advance. This non-refundable fee can be paid by check payable to FSU Foundation.

Person to contact in Case of Emergency (This person should not be attending the trip).
PLEASE PRINT.

Name & Phone Number

Relationship: ____________________________

SPECIAL MEDICAL CONCERNS
If you have any special medical concerns, please describe them below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

THIS FORM IS DUE TO YOUR BAND DIRECTOR ON WEDNESDAY, JANUARY 27. THERE WILL BE NO “AT THE DOOR” REGISTRATIONS FOR THIS EVENT.