

LSHS GOLDEN LIGHTNING BAND PARENT ASSOCIATION REGISTRATION FORM

Why join the "LSHS BPA"?

1. Be the first to know what the band is planning on doing
2. Vote on important band decisions
3. Hold an office on the BPA board
4. Be a part of what make the Golden Lighting Band SUPERIOR!

SCHOOL YEAR 2017-18

STUDENT NAME: _____

STUDENT CLASS FOR CURRENT YEAR: FRESHMAN, SOPHMORE, JUNIOR, SENIOR (CIRCLE)

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

\$10 ANNUAL MEMBERSHIP FEE PER FAMILY

Amount Paid \$ _____

Date Submitted and Paid _____

Please make checks out to "LSHS BPA"