

LSHS Band Parent Association Registration Form

School Year:2021-2022

Student Name: _____

Student Grade Level: _____

Parent or Guardian Name: _____

Address (mailing): _____

Phone Number: (where text messages can be received

Email:(parent) _____

Committee's of Interest: _____

\$10 Annual Membership Fee per Family

Paid/Date payment received: _____

Please make checks Payable to *LSHS Music Parents Association*