

●●Please return this form on Band Prep Day: July 31, 2007●●

Cougar Band Booster Information Form 2007-2008

Please print legibly. Complete one form for each student.

*Name of Student: (First) _____ (Last) _____

*Date of Birth: (Month) _____ (Day) _____ (Year) 19 ____ *Grade: 9 10 11 12

*Address: _____ *City & ZIP _____

*Home Phone Number: _____ Student's Cell Phone Number: _____

Student's Email Address: _____

*Father's/Guardian's Name: _____

Address: (if different from student's) _____

Occupation: _____ Place of Employment: _____

Work Phone Number: _____ Cell Phone Number: _____

Email Address: _____

*Mother's/Guardian's Name: _____

Address: (if different from student's) _____

Occupation: _____ Place of Employment: _____

Work Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Emergency Contact Name(s): _____

Emergency Contact Number(s): _____

Name of Doctor: _____ Phone Number: _____

Name of Preferred Hospital: _____ Phone Number: _____

*Student participates in: *Circle all that apply*

___ Marching Band ___ Concert Band ___ Jazz Band ___ Fall Guard ___ Winter Guard

*Instrument(s): _____

* Indicates information that will be published in the Cougar Band Directory unless you indicate otherwise by specifying below which items to omit:

I have read the information regarding the Clark Cougar "Band Bucks" program requirements and the expenses involved with the Clark Band/Color Guard program. I understand that if my child elects to participate with the Clark Band/Color Guard Program, I will be responsible for the full Band Bucks amount (\$250 for a single student in band and \$200 per student for more than one student in a household) associated with my child's participation.

Parent Signature

Date

Parents, please turn over and continue---->

Band Booster Communication Preferences

I/We wish to receive email at the student/adults address(es) listed. YES NO

I/We prefer / prefer not (Underline one) to receive periodic phone calls regarding **Band Booster** information.

Information is also communicated via mail, booster meetings, handouts, and the Cougar Band Web site.

Consent to Publish Student Photos on Band Web site

I/We give the Cougar Band Booster Club of Tom C. Clark High School permission to publish group or individual photos of my child on the Cougar Band Web site. I understand that only my child's first name and the first initial of his/her last name might appear on the Web site.

(See samples of photos at www.cougarband.org.)

Parent and/or Guardian Signature(s)

Volunteer Opportunities

We would like to help with the following committees or activities: *Circle all that apply and if only one parent is interested in the circled activity, please place their initials by that opportunity.*

Membership/Telephone First Aid Spirit Hospitality-Concessions

Hospitality-Events Uniforms Chaperones Band Banquet

CD Sales Spaghetti Dinner Funday Sunday Silent Auction

Pit Crew Fundraising NISD Concessions 5K Run/1 Mile Walk

Senior Gifts/Recognitions Dodge Truck Giveaway

Name(s) of volunteer(s): _____

I am available to help: During the school day After school Evenings Weekends

I can provide assistance (skills, experience, or connections) to the band program in the following areas if the opportunity or need arises: (Check all that apply)

Electrical Welding Equipment Repair Carpentry Sewing

Video/Audio Equipment & Setup Painting Photography Printing

Advertising (Radio, TV, Newspaper) Catering Corporate Contacts

Truck to pull band trailer/flat bed Other (Please specify) _____

THANK YOU