

DISTRICT VIII BAND DIRECTORS ASSOCIATION

2010 Colleen Dr.
Bossier City LA, 71112
318-759-2340

Mark Minton
President

Carol Lupton
LMEA Director

HONOR BAND REGISTRATION

(Please Print)

Name of School: _____ Office Phone: _____

Band Director's Name: _____ Band Phone: _____

Student's Name: _____ Instrument: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Parent's Cell _____

_____ Work Phone: _____

Please check the Honor Band you are in:

High School Wind Ensemble

High School Symphonic Band

Middle School Symphonic Band

Middle School Concert Band

- 1. The Honor Band participation fee is \$25.00.**
- 2. Make checks payable to your school.**
- 3. Turn your money and this form in to your Band Director by Monday, January 9th, 2012.**
- 4. Don't be late.**

By signing this form I agree to follow all of the Honor Band rules, to be present and on time for all rehearsals and the performance. I also acknowledge that my failure to follow the Honor Band rules may result in my dismissal from the group.

Student's Signature: _____ Parent's Signature: _____

School Principal's Signature: _____

(Every effort will be made to spell your name correctly in the program but this can only be done if this form is received by the specified deadline.)