



2018 - 2019 Parent Information Form
Naples High School Golden Eagle Band Program
www.NaplesHighBand.com

STUDENT INFORMATION

Last Name	Date of Birth	CHOOSE ONE	Please list Instrument(s)
		Color Guard Band / Instrument _____	
First Name	Grade	Complete Address	
	Shirt Size		

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #1 Phone Number
		Number Receives Text Messages (Y or N)
Parent/Guardian #1 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Parent/Guardian #2 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #2 Phone Number
		Number Receives Text Messages (Y or N)
Parent #2 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night

AREAS OF INTEREST	Please check		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Chaperone			
Concession Stand			
Equipment			
Fundraising			

AREAS OF INTEREST	Please check		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Officer/Chair Position			
Uniforms			
Prop Building			
Concert Set Up			

AREAS OF INTEREST	Please check		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Event Set Up			
Middle School Night			
Senior Night			
Golden Eagle Run			