



**West Forsyth Band Boosters, Inc.
Intent Form**

Marching Band

2011-2012 School Year

(Please Print Clearly)

Name: _____ Marching Instrument: _____

Entering Grade for 2011-2012: _____ T-Shirt Size: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Student Cell: _____

Student Email: _____

Mother/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Mother Email: _____

Father/Guardian Name: _____

Cell Phone: _____ Work Phone: _____

Father Email: _____

I authorize my child to participate in the West Forsyth High School Marching Band for the 2011-2012 Season and understand the financial obligation to the WFHS Band Boosters, Inc. I give permission for my child to travel to all official band performances via school transportation. Also, I agree to follow all rules and regulations as defined by Forsyth County Schools during all WFHS Band functions.

Parent/Guardian Signature: _____ Date: ____ / ____ / 2011

I am aware that I must abide by all school rules and take marching band seriously. I agree to be a responsible participant of the WFHS Pride of the West band.

Student Signature: _____ Date: ____ / ____ / 2011

Forms may be turned in to the Treasurer or Secretary of the WFHS Band Boosters, Inc. or mailed to:
WFHS Band Boosters, Inc.
P. O. Box 2237
Cumming, GA 30028

- Other forms that must be returned include:
- Contact and Volunteer Information
- Media Release
- Medical Form / Additional First Aid Treatment Consent (on back of Medical Form)
- Payment Coupon with Deposit