

CMS BAND PARTICIPATION FORM - Spring 2023

Please return by Friday, April 14th

Musician's Name: _____ Grade _____

SHTEAM Night - Open Rehearsal ~ Wed, April 26 ~ [Grades 6-8]

_____ My musician WILL participate 5:45 - 6:50 PM

_____ My musician WILL NOT participate as they have previous committed to activity.

SPRING CONCERT ~ WEDNESDAY., MAY 17 ~ 6:30 PM ~ CHS Auditorium

_____ My musician WILL perform in the Spring Concert on Wednesday, May 17th.

_____ My musician WILL NOT perform. Reason: _____

_____ I volunteer to chaperone from 6:00 – 6:30 in CHS cafeteria.

MEMORIAL DAY PARADE ~ MAY 29

_____ My musician WILL march. Report to CMS @ 8:00

_____ My musician WILL NOT march. Reason: _____

_____ I volunteer to march. I am a _____ NURSE _____ EMT

_____ I volunteer to drive my van in the parade.

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Parent Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent Signature: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This space is for writing Ms Quist a message with anything she might need to know.