

Commitment/Permission Form for EVHS Band Events

_____ will participate and therefore has permission to participate with the

Eastern View High School Band Program in all of the events listed on the EVHS Band Calendar 2009 - 2010 that

their membership requires.

Date

Parent/guardian Signature

IF ANY OF THESE DATES CHANGE, YOU WILL BE NOTIFIED AS SOON AS POSSIBLE.

Also...

Please provide me with your email address below (or email me at aroach@culpeperschools.org) in order that I might disseminate and collect information more efficiently.

Please print clearly, particularly if your email address is case sensitive.

Your email: _____

Thank you,

Adam Roach
EVHS Band Director