

**MGM VIKING BAND STUDENT/PARENT INFORMATION FORM
2019 - 2020**

Student's Name _____

Instrument/Position _____

Date of Birth _____ Grade (Going Into Fall 2019) _____

Street Address/PO Box _____

City, State, Zip _____

Student's Email Address _____

Student Phone Number _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s) _____

Phone Numbers: Home _____

Work _____

Cell _____

Cell _____

Email Address _____

EMERGENCY CONTACT INFORMATION:

Name _____

Phone number(s) _____

Parent/Guardian signature _____ Date _____