

2019 BAND CAMP FORM

Friday 9/6/19 3:00 p.m.- 8:00 p.m.
Friday, 9/13/19 3:00 p.m.- 8:00 p.m.

I hereby give permission for _____ to participate in the Commack High School 2019 Band Camp.

Signature of Parent/Guardian

Home Address

Home Phone

Emergency Contact Name:

Phone

Parent Cell Phone

Student Cell Phone

Please check one:

___ Band Grade (in Sept. 2019) ___ Instrument _____ ___ Kickline Grade ___

Sweatshirt Size (please circle one)

Tee-Shirt Size (please circle one)

S M L XL XXL
(These run small!)

S M L XL

List allergies (*if any*):

List medication needed (*if any*):

Marching Band Uniform Sizing:

Waist Size in inches: _____ Height _____ feet _____ inches

Please return this form and \$80.00 to Dr. Hansen or Mrs. Franzke.

Checks should be made payable to: Commack Public Schools