

PLEASE RETURN THIS FORM TO THE DHMS BAND ROOM 2009-2010

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*Your Contact Information:*

Your Name \_\_\_\_\_

Your Child's Name \_\_\_\_\_

Your Child's Grade \_\_\_\_\_

Mobile Phone # 1 \_\_\_\_\_

Mobile Phone # 2 \_\_\_\_\_

Home Phone # 1 \_\_\_\_\_

Home Phone # 2 \_\_\_\_\_

Email Address: \_\_\_\_\_

Please CIRCLE the Event #'s in which you would like to participate  
(Description of Event # is a separate attachment)

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
18 19 20 21 22 23 24 25 26 27 28 29 30 31  
32 33 34

I may also be interested in this DHMS Band Booster BOARD position:

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