

(blue)

PLEASE RETURN THIS CONTACT FORM BY WEDNESDAY, MAY 18th

Music Booster Contact Information

Student's name _____

Address _____

Home phone _____ Student's cell _____

Mother's name _____ Cell phone _____

Father's name _____ Cell phone _____

Child resides with: Mother Father Both Other
(please circle one)

Email address(es) to which you prefer future information sent:

Parent Signature _____