



**Parent Volunteer Information**

Parent/Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

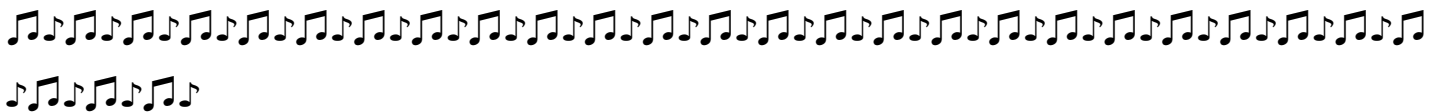
Parent/Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Please send my parent updates via  Email or  Text (please provide cell phone # \_\_\_\_\_) or  Both

Band Member(s) \_\_\_\_\_ Class Year \_\_\_\_\_

Section \_\_\_\_\_ Instrument \_\_\_\_\_



**Parent Talents/Interests (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Baking                  | <input type="checkbox"/> Graphic Design              |
| <input type="checkbox"/> Sewing                  | <input type="checkbox"/> Fundraising                 |
| <input type="checkbox"/> Carpentry               | <input type="checkbox"/> Marketing                   |
| <input type="checkbox"/> Audio Technology        | <input type="checkbox"/> Parades                     |
| <input type="checkbox"/> Spreadsheets/Data Entry | <input type="checkbox"/> Instrument/Equipment Repair |
| <input type="checkbox"/> Event Planning          | <input type="checkbox"/> Meal Prep/Planning          |
| <input type="checkbox"/> Photography             | <input type="checkbox"/> Special Events              |
| <input type="checkbox"/> Videography             | <input type="checkbox"/> Equipment Transport/Set-Up  |
| <input type="checkbox"/> Accounting/Bookkeeping  | <input type="checkbox"/> Chaperone                   |
| <input type="checkbox"/> Medical Training        | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Artistry                |  |