

2019-2020 BRHS BAND PARENTS ASSOCIATION MEMBERSHIP

 Student #1 Last Name First Name Class of

 Student #2 Last Name First Name Class of

 Student #3 Last Name First Name Class of

 Street Address City Zip

 Home Phone

 Father/Guardian Name Email Cell Phone

 Mother/Guardian Name Email Cell Phone

MEMBER OF: (CHECK ALL THAT APPLY FOR EACH STUDENT, MARK STUDENT 1, 2 or 3)

- | | |
|----------------------|---------------------------|
| ----- WIND ENSEMBLE | ----- MARCHING BAND |
| ----- SYMPHONIC BAND | ----- MARCHING BAND GUARD |
| ----- CONCERT BAND | ----- WINTER GUARD |
| ----- JAZZ BAND | ----- WINTER DRUMLINE |

COMMITTEES: Please indicate the committees or events with which you would like to help. You will be contacted by the Committee Chairperson.

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|---|--|---|---|
| <input type="checkbox"/> MB Lunches/Dinners | <input type="checkbox"/> Winter Indoor Events | <input type="checkbox"/> Chaperoning | <input type="checkbox"/> Other |
| <input type="checkbox"/> MB Uniform Fitting | <input type="checkbox"/> MB Bakers/Snackers | <input type="checkbox"/> MB Fall Dinner | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Craft Fair | <input type="checkbox"/> Spirit Wear | <input type="checkbox"/> Pit Crew | <input type="checkbox"/> Family Fun Dinners |
| <input type="checkbox"/> Band Banquet (May) | <input type="checkbox"/> Band Events Hospitality | <input type="checkbox"/> Jazz Festival | <input type="checkbox"/> Fall Cheesecake fundraiser |

Membership dues are only \$30 per family for the entire year. If you feel you cannot volunteer for any of our committees, we offer a "guilt free" membership of \$100. Please make your check payable to the BRHS BAND PARENTS ASSOCIATION. Please return your payment with the membership form to the big brown membership envelope in front of the band directors' office in the band room. You can also mail it to the address below:

BRHS Band Parents Association	Membership Dues	\$ 30.00
P.O. Box 6569	Guilt Free Membership (add \$70)	\$ _____
600 Garretson Rd	Donations Appreciated	\$ _____
Bridgewater, NJ 08807	Total Enclosed	\$ _____

**If your company participates in a matching gift program, please complete and submit the required forms. Thank you!
 *I authorize the BRHS Band Parents Association to use my personal information in order to communicate with me.

Signature _____

Questions? Please contact the BPA by email: brhsbandparents100@gmail.com