

The Seventh Annual West Johnston High School
Marching Band Invitational
October 9, 2010

REGISTRATION FORM

Please return this form with a \$75.00 entry fee by Friday, September 24, 2010. Checks should be made payable to WJHS Band.

SCHOOL NAME _____

NAME OF BAND _____

SCHOOL ADDRESS _____

SCHOOL PHONE # _____ FAX # _____

DIRECTOR'S NAME _____ PHONE ____ _____
E-MAIL ADDRESS _____

ASSISTANT DIR. NAME _____ PHONE _____
E-MAIL ADDRESS _____

BAND BOOSTER ASSOCIATION CONTACT NAME _____
PHONE _____ E-MAIL ADDRESS _____

NUMBER OF BUSES _____ ACTIVITY OR CHARTER (Circle)
NUMBER OF TRUCKS _____ TYPE _____

WILL YOU BRING YOUR OWN PROP/TRANSPORTATION? YES or NO (Circle)

NUMBER OF: WINDS _____
PERCUSSION _____
COLOR GUARD _____
DRUM MAJORS _____
TOTAL IN BAND _____

BAND DIRECTOR'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

MAIL TO: WJHS Band Parent's Association
ATTN: 2010 INVITATIONAL
PO Box 53
Smithfield, NC 27577

FOR OFFICE USE ONLY:

Date Postmarked: _____

Registration Check #: _____

Date Received: _____