

Cain Beginning Band

Student and Parent Registration Sheet

Student Information	
First Name: _____	Last Name: _____
Campus: _____	Instrument: _____
Address: _____	City: _____ Zip: _____
Gender: _____	Birthdate: _____ ID #: _____

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Relation: _____	Relation: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
E-Mail: _____	E-Mail: _____
Address (if different than above) : _____ _____	Address (if different than above) : _____ _____