



2020 - 2021 Parent Information Form
Naples High School Golden Eagle Band Program
www.NaplesHighBand.com

STUDENT INFORMATION

Last Name	Date of Birth	CHOOSE ONE	Please list Instrument(s)
		Color Guard Band / Instrument _____	
First Name	Grade	Complete Address	
	Shirt Size		

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #1 Phone Number
		Number Receives Text Messages (Y or N)
Parent/Guardian #1 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Parent/Guardian #2 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #2 Phone Number
		Number Receives Text Messages (Y or N)
Parent #2 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night

AREAS OF INTEREST	Please check (*TBD)		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Chaperone*			
Concession Stand*			
Equipment			
Fundraising			

AREAS OF INTEREST	Please check (*TBD)		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Officer/Chair Position			
Uniforms*			
Prop Building			
Concert/Event Set Up*			

AREAS OF INTEREST	Please check (*TBD)		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Trailer Pulling*			
Middle School Liaison			
Senior Night			
70 th Anniversary			