

Northwinds Homeschool Band Sign-up

Parents/Guardians			
Last Name:	Parent(s)/Guardian(s) Name(s):	Phone Number(s):	e-mail:
Address:	City, Zip:	Cell Number(s):	Music Experience:
Student 1			
First Name:	Age/DOB:	Music Experience:	Music Style Preferences:
Reading Level:	Will get braces? When? How Long?	Instrument:	Instrument Acquisition Help?
Student 2			
First Name:	Age/DOB:	Music Experience:	Music Style Preferences:
Reading Level:	Will get braces? When? How Long?	Instrument:	Instrument Acquisition Help?
Student 3			
First Name:	Age/DOB:	Music Experience:	Music Style Preferences:
Reading Level:	Will get braces? When? How Long?	Instrument:	Instrument Acquisition Help?
Student 4			
First Name:	Age/DOB:	Music Experience:	Music Style Preferences:
Reading Level:	Will get braces? When? How Long?	Instrument:	Instrument Acquisition Help?