

Glacier High School Band Contract

Print Student Name here:

I have had the opportunity to review the policies of the Glacier High School Band program. I agree to do my best to be a positive contributing member of the band and to attend all rehearsals and performances of the group of which I am a member

Student's Signature

Date

Cell Phone

I have had the opportunity to review the policies of the Glacier High School Band program. I will do my best to support my child's participation in the Glacier High School Band.

Parent's Signature

Date

Day Phone

Band Parents Organization Information Sheet

Please complete the following information for the band parents group. Thank you.

Name _____ Student Name _____

Ph. _____ email address _____

I would be willing to help the Glacier Band Parent organization in the following:

(Check the area(s) in which you would be willing to help)

____ Assist with band receptions

____ Serve at Chilli Feed

____ Serve at receptions (after concerts)

____ Chaperone out of town trips

____ Missoula Homecoming Trip

____ U of M CB Festival (CB & VB only)

____ State Basketball (Pep band)

____ Band Tour (Symphonic Band only)