

PLEASE PRINT AND SIGN:

I have had the opportunity to read and review the policies of the Kalispell Middle School Bands. I will do my best to be a positive contributing member of the band and to attend all Band functions.

Student's Signature

Date

I/We have had the opportunity to read and review the policies of the Kalispell Middle School Bands. I/We will do my/our best to support the above student's participation in the program.

Parent/Guardian's Signature

Date

PLEASE TURN THIS SHEET IN TO MR. HANDFORD AS SOON AS POSSIBLE.