

West Windsor-Plainsboro Regional School District
High School South Music Department * "Pirate" Marching Band

"Pirate For A Day Clinic 2011"

Registration Form

Last Name _____ First Name _____

Instrument _____ Years of experience _____

Personal email address: _____

Family email address: _____

(check all that apply to you)

___ I plan on joining the "Pirate" Marching Band for the 2011 season.

___ I can not attend the "Pirate For A Day" Clinic, but I plan on joining the "Pirate" Marching Band for the 2011 season.

___ I am interested in being in the Color Guard. Please contact me.

___ I am interested in playing a different instrument. Instrument _____

___ I am a percussionist. I am interested in playing the following instruments:
___ mallets ___ bass drum ___ snare drum ___ traps

Please return form to Mr. Fultz by Friday, Jan 21, 2011.

"I give permission for the above-listed student to participate in the "Pirate For A Day" event."

X _____ (signature of parent/guardian) Phone() _____ - _____

Contact: Scott Collins, Director. Email: scott.collins@ww-p.org. Office: 609.716.5300 x.5360

www.piratemarchingband.org