

# Beginning Band Audition Application

"I, \_\_\_\_\_ understand that my child,

\_\_\_\_\_ has shown an interest in being considered for the band program at Peterson School"

"I have read through the guidelines on the attached sheets and understand the requirements and commitments needed to have a successful band experience. I fully support my child as he/she begins investigating the possibility of playing a band instrument."

Parent/guardian signature:

<b>Contact Information</b>		"...this works best"
Parent Name		
Parent Email		
Work Number		
Home Number		
Cell		

Please email questions or concerns to Mr. Villevik  
btvillevik@cps.edu