

Registration Form

\$100 Entry Fee

Please complete and return this form with your
non-refundable check made payable to:

Kathleen Band Parent Association

Deadline: September 26, 2008

Name of School: _____

Band Name: _____

Band Director: _____

Assistant Director: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Home(Cell): _____

Fax: _____

Email: _____

No. of Winds: _____ Total: _____

Director Signature

Mail To: Kathleen Band Parent Association
2600 Crutchfield Rd.
Lakeland, FL 33569