

**Steele Canyon Band Parents
Band Programs Survey (2017-2018)**

Student Name _____ Grade _____ Middle School Attended _____

Band Program: Marching Band Jazz band Orchestra Percussion Color Guard

Student email: _____ Student cell (optional): _____

#1 Parent/Guardian Name: _____ E-Mail: _____

Mailing Address: _____ City _____ Zip code _____

Home Phone: _____ cell # _____ Other: _____

#2 Parent/Guardian Name: _____ E-Mail: _____

Mailing Address: _____ City _____ Zip code _____

Home Phone: _____ cell # _____ Other: _____

Emergency Contacts:

1) Name: _____ Relationship: _____

Phone Number: _____

2) Name: _____ Relationship: _____

Phone Number: _____



Please look over the list below and mark as many areas as you would be interested in volunteering for/with. We appreciate all the help you can give!

- | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Uniform Fittings | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Concert Committee | <input type="checkbox"/> Photographer | <input type="checkbox"/> Videographer |
| <input type="checkbox"/> Chaperones | <input type="checkbox"/> Concessions | <input type="checkbox"/> Middle School Liaison |
| <input type="checkbox"/> Football Games | <input type="checkbox"/> Restaurant Night Coordinator | |
| <input type="checkbox"/> Driver w/vehicle to pull equipment trailer 8'x16' and/or golf cart trailer 6'x10' | | |
| <input type="checkbox"/> I will donate cases of water and non-perishable snack items for event | | |

Please list any skills or contacts you have that you think may be useful to the Band Program:
