

CLINIC REGISTRATION FORM

DUE OCTOBER 15th, 2007
PLEASE TURN INTO
MIDDLE SCHOOL!

Name _____

GRADE: 5 6 Male Female

Parent contact: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Include \$25.00 payment for the clinic
Please make checks payable to: Webb City Band

INSTRUCTOR: Valeska Lauderdale – Middle School
vlauderdale@mail.wccards.k12.mo.us ~ ColorGuard Director

HIGH SCHOOL BAND ROOM - 673-6010 Ext. 6

PERFORMANCE: November 1st, High School Football Game