

Hudsonville Band Boosters

Member Record

(please print clearly)

Parent:	Last	First
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Parent:	Last	First
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Address: _____

Home Phone #:		Cell:
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Home Phone #:		Cell:
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Email:	
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Email:	
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Please list the names & grades of your children who are enrolled in band.

Student:		Grade:	
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Student:		Grade:	
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Student:		Grade:	
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Student:		Grade:	
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Signature: _____ Date: _____

Please mail completed form and check (\$1.00 per member) to:

Hudsonville Band Boosters
PO Box 212
Hudsonville MI 49426

For office use only:

Date Paid:	Amount Paid:
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