

Cosgriff Concert Band Registration

(experienced band students)

student's name (one form per child)

grade(2009-2010)

phone numbers (home, cell)

e-mail(s)

instrument

Please hand this completed form, with your payment of \$350 per child (you have the option of two semester payments of \$175, ***payable to Cosgriff***-indicate band fee on the check), to Mr. Asman, or Kim in the office.

parent/guardian signature

/_____
date

Please contact me with any questions you may have at asman@cosgriff.org.

Thank you for considering being a part of the J. E. Cosgriff Memorial School band program.
Mr. Asman