

Creekview Band Personal Information

Please correct any out dated info and fill in all blanks
BRING THIS TO YOUR ASSIGNED AUDITION TIME!!

LAST NAME: _____ FIRST NAME: _____

School ID# _____ Gender: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

Student Cell Phone: _____

Email Student: _____

Mom's Email: _____

Dad's Email: _____

Dad's First Name: _____

Dad's Last Name: _____

Mom's First Name: _____

Mom's Last Name: _____

Middle School: _____

Parent Cell #: _____

Mom's Work #: _____

Dad's Work #: _____

Grade: _____

Marching Instr: _____ Concert Instr.: _____

T-shirt Size: _____

Height: _____

Are you interested in being in Jazz Band regardless of whether it fits in your schedule? _____

What other Extra-curricular activities are you involved in? _____

Are you taking/trying-out for any athletics? _____ If so, which ones? _____

