

## COLORADO MASONIC HIGH SCHOOL BAND CAMP

JUNE 30 - JULY 4, 2014



| Mail to: | Colorado   | Masonic   | High Schoo  | ol Band Camp  | , Grand Lodge | Office, | 1130 Panora | ama Drive, | Colorado |
|----------|------------|-----------|-------------|---------------|---------------|---------|-------------|------------|----------|
| Springs, | , CO 80904 | 4, email: | mildredjone | es@coloradofr | eemasons.org  |         |             |            |          |

Our Organization will participate and we are submitting the following:

We would like to sponsor \_\_\_\_\_\_ students. The cost is \$300.00 per student. Enclosed is our donation of \*Please make check payable to: Colorado Masonic Band Camp. Date: \_\_\_\_\_

## **PRINT CLEARLY OR TYPE**

| NAME & # OF SPONSORING LODGE OR MASONIC AFFILIATED BODY:         Organization Name       No. |  |                            |  |  |  |  |  |  |
|--|--|----------------------------|--|--|--|--|--|--|
|  |  |                            |  |  |  |  |  |  |
|  |  | , CO, (Zip)                |  |  |  |  |  |  |
| Name   | (Brother or Sister submitting this form)   |                            |  |  |  |  |  |  |
|  |  |                            |  |  |  |  |  |  |
| City<br>If you have contacted<br>not have a student the                                      | , CO, (Zip) Phone<br>a Band Director and have a student please put t<br>e Band Camp will glad to provide one. Band Cam | ( )                        |  |  |  |  |  |  |
| Name of Student( Address   | (Please spell and print correctly, as it will appear on Name Badge and Program   | m)                         |  |  |  |  |  |  |
|  |  | , CO, (Zip)                |  |  |  |  |  |  |
| Guardian/Parent's Phor   | ne: ( )  |                            |  |  |  |  |  |  |
| Guardian/Parent's Cell   | Phone: ( )   |                            |  |  |  |  |  |  |
| Guardian/Parent's Ema  | ail:   |                            |  |  |  |  |  |  |
| Name of High School  |  |                            |  |  |  |  |  |  |
| and Director's Signature: Phone No.:   |  |                            |  |  |  |  |  |  |
| Please Print Band Dire   | ectors Name  |                            |  |  |  |  |  |  |
|  | ment   |                            |  |  |  |  |  |  |
| CIRCLE: Male I   | Female CIRCLE: 9 <sup>th</sup> grade 10 <sup>th</sup> grade  | ade 11 <sup>th</sup> grade |  |  |  |  |  |  |

List any special music honors received and chair in HS Band. Information in this section is important. Please give all facts and details Space for comments is on the back of this sheet.

This Registration Form should be duplicated for additional Student Registrations.