LASSITER HIGH SCHOOL BAND
2601 SHALLOWFORD ROAD, MARIETTA, GA 30066

GENERAL INFORMATION

Student Name _____ Birth Date _____ Graduation Class of _____

T-SHIRT SIZE(adult male) S M L XL

Instrument: MB_____Concert_____ [ ] Own [ ] Rent [ ] School Instrument

If Owned/Rented _____ _____ _____ _____
Manufacturer Model # Serial # Rental Location?

Street Address _____

City and Zip _____ Sub Division_____

Parent/Guardian - **1** _____ **2**_____

P/G-1 Phone	_____	_____	_____
	Home	**Work**	**Cell**
P/G-1 EMail	_____	_____	_____
	Personal	**Business**	**Other**
P/G-2 Phone	_____	_____	_____
	Home	**Work**	**Cell**
P/G-2 EMail	_____	_____	_____
	Personal	**Business**	**Other**

Student EMail _____

Nearest Relative Name/Address _____/ _____

Phone	_____	_____	_____
	Home	Work	Cell

Allergies: _____
_____

Current Medications: _____
_____
_____

Special Medical Problems: _____
_____
_____

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