

Hightstown High School Instrumental Music Department

Application for Membership

TO ALL STUDENTS: Please fill out this form NEATLY and return to Mr. Halat no later than **Friday – May 12, 2023.**

Student Name: _____

Grade in 2023/2024 school year (circle one) **9** **10** **11** **12**

Address _____

Student Home Phone _____

Student Cell Phone _____

Student Email _____

Section/Instrument Request for Marching Band (ex. Clarinet, Percussion, Colorguard)

Section Request _____

STUDENT ACKNOWLEDGEMENT OF RESPONSIBILITY: I hereby wish to be accepted as a member of the 2023 Hightstown High School marching Band. I have read the attached schedule and understand that as a member of the Marching Band, I commit fully to this schedule.

SIGNATURE OF STUDENT: _____

Parent/Guardian Information

Parent/Guardian Names _____

Parent/Guardian Email Address: _____

Parent Home Phone _____

Parent/Guardian Cell Phone(s) _____

Emergency Contact & Phone _____

PARENT ENDORSEMENT: I hereby grant my child permission to participate in the 2023 Hightstown High School Marching Band. I have reviewed the schedule at www.hightstownhsbands.org/calendar with my child and understand the scheduling commitment in order to be a member of the marching band.

SIGNATURE OF PARENT/GUARDIAN: _____

Questions? Please contact Mr. Halat by email: jhalat@ewrsd.k12.nj.us