

**South Brunswick Viking Music
Parents Association Membership
2017-2018**

Music Student Name: _____ Grade _____
(2017-2018 school year)

Parent's First Name(s): Mother _____ Father _____

Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Parent's Home Phone Number: () _____

Father's Cell Phone Number: () _____

Mother's Cell Phone Number: () _____

Parent E-mail address for communication: _____
(please print clearly)

Please circle all groups your child is in @ the high school: Concert Band Symphonic Band
Wind Ensemble Concert Choir Chorus Women's Ensemble Men's Ensemble Pirandello
Players Jazz Marching Band – Instrument played _____ or Colorguard
Winterguard Orchestra Indoor drumline/percussion Alumni Parent

Are you interested in volunteering for one of the following:
Friday night football Snack Shack _____ Chaperoning _____ Work festivals/tournaments _____
Sewing, Pinning and/or cutting _____ Anything that is needed _____

Membership in the parent association entitles you to be on the parent email list for music parent updates and for voting rights at music parent association meetings.

Membership is \$10.00 per family.

Please submit @ the parent meeting on June 13th or mail your membership form with payment to:

South Brunswick HS Viking Music Parents Assn.
P. O. Box 932
Dayton, NJ 08810
Thank you for your membership.

Please make checks payable to: SB Viking Music PA

The SBHS Viking Music Parent Association is a not-for-profit organization with 501(c)(3) tax-exempt status.

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South Brunswick Viking Music Parent Association Membership Receipt

2017-2018

Payment: Check# Cash Payment Received :.....