



Mail with tuition to:

West Milford Concert Band Academy
P.O. Box 603
West Milford, NJ 07480-0603

Student Registration

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Grade you will enter in 2020-2021 (circle): 6 7 8

School You Attended This Past Year: _____

Band Director: _____

Private Teacher (if applicable): _____

Email address: _____

Instrument #1 (circle one):

Flute	Alto Sax	Trumpet	Baritone
Clarinet	Tenor Sax	French Horn	Tuba
Bass Clarinet	Bari Sax	Trombone	Percussion
Other _____			

Years of study on instrument _____

PARENT/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email address: _____

Relationship to student: _____