



*Please return this form to the CBA Main Office with attention to: Mr. Christian Lopez via mail or in person*

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**I am interested in joining the following (check all that apply):**

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Jazz Ensemble | <input type="checkbox"/> Men's Choir    | <input type="checkbox"/> Pep Band      | <input type="checkbox"/> Not Sure Yet |
| <input type="checkbox"/> Rock Club     | <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Pit Orchestra |                                       |

**Name:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian: Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Instrument(s) Played (including voice):**

\_\_\_\_\_

**Experience:** \_\_\_\_\_

\_\_\_\_\_