



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

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: _____
