

**BRICK TOWNSHIP MEMORIAL HIGH SCHOOL
BAND SUPPORT ASSOCIATION
MEMBERSHIP ENROLLMENT FORM
2018-2019 SEASON**

\$10.00 PER FAMILY

NAME OF STUDENT(S) _____

NAME OF PARENT OR GUARDIAN _____

ADDRESS _____

PHONE # _____

PARENT CELL PHONE # _____

EMAIL ADDRESS _____

GRADE OF STUDENT (S) _____

INSTRUMENT _____

CHECK HERE IF COLORGUARD _____

Tell us about yourself. If you have any hobbies, special talents or connections that could help the marching band, please tell us about it _____

Any question or concerns: _____

Please make checks payable to **BTMHSBSA** and return to:

Membership Chairperson:

Christina Lyness

807 Midstreams Road

Brick NJ 08724

Cell: 908-783-9895 Email: clyness113@gmail.com

Thank you for your support. Please contact Christina Lyness for any questions!

DATE MEMBERSHIP FEE COLLECTED _____