



SPARTAN BAND BOOSTERS INC.

BOOSTER MEMBERSHIP FORM

Name: _____

Student Name: _____

Student Instrument(s): _____

What band(s) does your student participate in?

Email Address: _____

By signing this form, I agree to be a member of Spartan Band Boosters Inc. which will allow me to vote in meetings, volunteer, and assist with band functions.

Signature: _____

Date: _____