

# Salinas Christian Youth Band Volunteer

Student(s) Name : \_\_\_\_\_

Grade(s): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Daytime Ph. # \_\_\_\_\_ Evening \_\_\_\_\_

How Would You like to Help?

\_\_\_\_\_ I am interested in helping in the Christmas Concert

\_\_\_\_\_ I am interested in helping in the Spring Concert

I would like to assist the SCYB program in one or more of the following areas:

\_\_\_\_\_ Concert refreshments

\_\_\_\_\_ Instrument maintenance

\_\_\_\_\_ Parent reminders (phone calls)

\_\_\_\_\_ Member of the Band Board

***\*\*\*Please return this form to your child's music teacher. Thank you!***