

**“BISON PRIDE” SUMMER MARCHING BAND CAMP REGISTRATION FORM**

STUDENT NAME \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

INSTRUMENT \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

STUDENT E-MAIL \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

SHIRT SIZE (Please Circle)    S    M    L    XL    XXL

NAME OF ADDITIONAL FAMILY MEMBER(S) PARTICIPATING IN THE CAMP

\_\_\_\_\_

ADDITIONAL FAMILY MEMBER(S) SHIRT SIZE    S    M    L    XL    XXL

Indicate below if you will need to miss any part of camp for vacation, if you have any special needs, or if you are in need of a fee reduction (please indicate the amount you can pay).

Please return this form along with \$100 per family with a **check payable to BGIA**.

**Return to:**

**Buffalo Grove High School  
Attn: Ed Jacobi  
1100 W. Dundee Rd  
Buffalo Grove, IL 60089**

***Payment is due by May 15***