

**Crimson Hawk Band Summit – November 10th  
Indiana University of Pennsylvania  
Indiana, Pennsylvania**

**STUDENT REGISTRATION FORM – DUE SEPTEMBER 30<sup>th</sup>**

**REGISTRATION FEE: \$30 Cash or Check**

**Checks should be made out to “IUP Honors Band”**

**\*\*\*Please be specific with regards to the student’s instrument and part. If they are a percussionist, please list all instruments that they can successfully play.**

AGE \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_(7,8,9) T-SHIRT SIZE (adult) \_\_\_\_\_

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NAME: LAST FIRST MIDDLE

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ADDRESS CITY STATE ZIP

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PARENT/GUARDIAN NAME HOME /CELL PHONE

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EMERGENCY PHONE NUMBER INSTRUMENT/PART

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DIRECTOR’S NAME DIRECTOR’S HOME/CELL PHONE

I have read and fully understand all the information contained in the student information letter and agree to be prompt, polite, courteous, attentive in all rehearsals, and abide by all clinic regulations. If I fail to abide by the rules and regulations requested, my parents and band director will be contacted, and I will be dismissed from the clinic and asked to return home.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s or Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Band Director’s Signature

\_\_\_\_\_  
Date

\*\*\*Please scan or send this registration form to:

Dr. Jason Worzbyt  
103 Cogswell Hall  
Department of Music  
Indiana University of Pennsylvania  
Indiana, PA 15705  
[reedtip@iup.edu](mailto:reedtip@iup.edu)

