

Champlin Park Marching Rebels
Student Information Sheet
Please print clearly!

Student's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Cell Phone: _____ Graduation Year: _____

Section: _____

Check the season(s) that you plan to march: ____ Summer ____ Fall

Do you need a school-owned instrument for marching band? ____ Yes ____ No

Student T-Shirt Size (included in fee): ____ S ____ M ____ L ____ XL ____ 2XL ____ 3XL

Parent/Guardian Information

Parent/Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Information

Parent/Guardian: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Cell Phone: _____ Work Phone: _____