

**PARENTS, PLEASE RETURN THIS FORM**  
**NO LATER THAN THURSDAY, DECEMBER 17**  
**ALONG WITH THE \$50 CLINIC FEE.**

Make checks payable to "BMS Band."  
BMS Band will pay the remaining \$35.

Contact Mr. Campbell ASAP, if you are interested in chaperoning.  
BMS Band will pay chaperone expenses.

My child, \_\_\_\_\_, WILL attend the GMEA District Band Clinic on February 12 & 13 at the Georgia Baptist Conference Center in Toccoa, GA.

I will pick up my child at the conclusion of the clinic, unless other arrangements have been made with Mr. Campbell.

Parent's Signature	Date
Mother's Name: _____	_____
Father's Name: _____	_____
Home Phone: ( _____ ) _____ - _____	
Cell Phone (Father): ( _____ ) _____ - _____	
Cell Phone (Mother): ( _____ ) _____ - _____	
Other Phone: ( _____ ) _____ - _____	
Other Emergency Contact _____	_____
( _____ ) _____ - _____	