***S**outheast **I**nstrumental **M**usic **B**oosters **A**ssociation*

In order to be a more effective group, the **S**outheast **I**nstrumental **M**usic **B**oosters **A**ssociation will be setting up a reference file on parents/guardians who are required to help the band. Please complete the information below and return it with all other forms from this packet.

SIMBA
P.O. Box 20775
Bradenton, FL 34204-0775

Student's Name: _____ 2010-2011 Grade: _____

Student's Email: _____ Phone #: _____

Check:
____Symphonic Band **____Wind Ensemble**
____Jazz Band **____Colorguard**
____Marching Band **____Dance Team**

_____
Street Address City State ZIP Code

_____ _____ _____
Home Phone # Alternate Phone # Parent/Guardian E-Mail Address

Please indicate the best time to contact you by phone _____ Best Phone # _____

Parent/Guardian Name (print) _____

I am interested in the following: (Please number top 3 areas of interest)

____ Concession Stand **____ Trips/Chaperoning**
____ Social **____ Fundraising**
____ Publicity **____ Telephone/Communications**
____ Outside Concessions (Rays, Bucs, etc) **____ Grant Research**
____ Uniforms (Checkout, repairing, fitting, sewing, turn-in after performance)

Additional Opportunities

____ Help during school hours (Days of the week: _____ Time: _____)
____ Have truck/van available for special needs
____ Other (Special abilities available to band boosters: electrician, carpenter, etc.)

_____