



**Band-Aides West, Inc.**  
Shawnee Mission West High School  
www.bandaides.org  
2017-2018 Membership Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

- Marching Band       Concert Band       Jazz Band

Student Phone \_\_\_\_\_ Student EMAIL \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

- Marching Band       Concert Band       Jazz Band

Student Phone \_\_\_\_\_ Student EMAIL \_\_\_\_\_

Home Address \_\_\_\_\_

City & ZIP code \_\_\_\_\_ Student Phone \_\_\_\_\_

Student EMAIL \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**WE HAVE MANY OPPORTUNITIES FOR PARENT INVOLVEMENT - SIGN-UP BELOW!**

**\* General Band-Aides Helper**

- |   |  |
|---|--|
| <input type="checkbox"/> Chaperone on buses to various activities | <input type="checkbox"/> Donation for Spaghetti Dinner Auction       |
| <input type="checkbox"/> Perform word-processing or data input    | <input type="checkbox"/> Decorate and set-up for various events      |
| <input type="checkbox"/> Serve food and beverages                 | <input type="checkbox"/> Help fit, distribute, sew & repair uniforms |

**\* Marching Band Helper**

- |   |  |
|---|--|
| <input type="checkbox"/> Provide cookies or desserts                                      | <input type="checkbox"/> Take pictures and/or videos of events |
| <input type="checkbox"/> Make signs and posters   | <input type="checkbox"/> Trip related activities               |
| <input type="checkbox"/> Load and unload marching equipment                               | <input type="checkbox"/> Assist with equipment set-up on field |
| <input type="checkbox"/> Provide water/food to marchers for football games, parades, etc. |  |

**\* Other**

- I am interested in providing leadership for some type of event, committee, or project:

If you would like to help on any specific committee not mentioned here, please contact: Jennifer Silverstein, [jsilversteinsub@gmail.com](mailto:jsilversteinsub@gmail.com) or text 913-515-0200

Please complete this form and return it with your contribution of \$5.00 per family in cash or check (made payable to Band-Aides West, Inc.) and mail to Band-Aides West, Inc., 8800 w. 85<sup>th</sup> Street, Overland Park, KS 66212.

**THANK YOU FOR SUPPORTING THE SHAWNEE MISSION WEST BAND PROGRAM AND BAND-AIDES WEST!**

Band-Aides West Use Only: Date Received \_\_\_\_\_ Paid with:  Check \_\_\_\_\_  Cash