BAW Membership Form

Band-Aides West, Inc.
Shawnee Mission West High School
www.bandaides.org

1. Student's Name_____
   ☐ Marching Band   ☐ Concert Band   ☐ Jazz Band
   Student's Phone_____ Student's Email_____

2. Student's Name_____
   ☐ Marching Band   ☐ Concert Band   ☐ Jazz Band
   Student's Phone_____ Student's Email_____

Student's Home Address _____
City & ZIP Code_____

1. Parent's Name_____ Occupation_____
   Phone_____ Email_____
   Address (if different)_____
   City & ZIP Code (if different)_____

2. Parent's Name_____ Occupation_____
   Phone_____ Email_____
   Address (if different)_____
   City & ZIP Code (if different)_____

WE HAVE MANY OPPORTUNITIES FOR PARENT INVOLVEMENT – SIGN UP BELOW!

*General Band-Aides Helper
   ☐ Chaperone on buses to various activities
   ☐ Perform word-processing or data input   ☐ Decorate and set-up for various events
   ☐ Serve food and beverages   ☐ Help fit, distribute, sew & repair uniforms
   ☐ Track fundraising efforts   ☐ Design programs/flyers

*Marching Band Helper
   ☐ Provide cookies or desserts   ☐ Take pictures and/or videos of events
   ☐ Make signs and posters   ☐ Provide or Drive truck to pull trailer
   ☐ Load and unload marching equipment   ☐ Assist with equipment set-up on field
   ☐ 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 hep on any specific committee not mentioned here, please contact: President Christy Kleinsorge, president@bandaides.org

Please complete this form and return it with your contribution of $10.00 per family in cash or check (made payable to Band-Aides West, Inc.). Credit card payments are available for 3% surcharge ($10.30 total).

Band Aides West
@BandAides-West

venmo

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
☐ Venmo (transaction number)_____