



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
- Serve food and beverages
- Track fundraising efforts
- Decorate and set-up for various events
- Help fit, distribute, sew & repair uniforms
- Design programs/flyers

*Marching Band Helper

- Provide cookies or desserts
- Make signs and posters
- Load and unload marching equipment
- Provide water/food to marchers for football games, parades, etc.
- Take pictures and/or videos of events
- Provide or Drive truck to pull trailer
- Assist with equipment set-up on field

*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: 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).



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

Band-Aides West Use Only: Date Received _____ Paid with: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Venmo (transaction number) _____
