Ardrey Kell HS "Mighty Knight Band"

Invitational Application

(Please submit by September 26, 2008)

School: _____

Name of Band: _____

Director(s): _____

School Address: _____

City, State, Zip: _____

Best time to be reached:

Office Time: _____ Phone: _____

Home Time: _____ Phone: _____

Email: _____

Classification

Please list exact number of winds: _____

Total size of Marching Band: _____

Please list class you are entering: _____

(____ We elect to compete in a higher class)

Please sign below:

_____

Principal **Date**

_____

Band Director **Date**