



**2011- 2012 Cavalcade of Bands Membership Form
Invoice
Enrollment and fees due by September 1st**

Name of School: _____
 Band Director: _____
 Band Director's e mail: _____ Date: _____
 School Address: _____
 School City/State/Zip: _____
 School Phone: (____) _____

Please indicate your school's unit/s: (\$50.00 each unit)

- HS Marching Band
- HS Jazz Band
- HS Lab Jazz Band
- HS Indoor Guard Unit
- HS Indoor Percussion Unit
- HS Indoor Guard Unit

- MS Jazz
- MS Indoor

**Annual dues are \$200.00 plus \$50.00 for each unit checked
above.**

Membership	\$	200.00
Unit fees	\$	_____
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TOTAL	\$	_____

Make check payable to 'Cavalcade of Bands' and send to:

Ed Stimson
 2917 Jolly Road
 Plymouth Meeting, PA 19462

 For official use below:

Date application received _____
 Check # _____ Amount of check _____