

Kingwood Band Boosters
KM4B Trip to NYC
Student Participation Form

Student's Last Name: _____

Student's First Name: _____

Student's Nickname (if applicable): _____

Grade Level 2016-2017: _____

Name(s) of Parent(s)/Guardian: _____

Student's email address: _____

Parent's email address: _____

Student's cell phone number: _____

Best phone number to reach parent/guardian: _____

Hoodie/sweatshirt size (circle one): S M L XL XXL T-shirt size (circle one): S M L XL XXL

Dietary Restrictions: _____

Please mail to: Kingwood Band Boosters
 Trip Chair
 PO Box 5381
 Kingwood, TX 77325-5381



New York