

Please download and fill in the registration either on your device, or print and complete. When finished, scan or save the completed form and email to: kybb@kincardinebrass.ca



Kincardine Youth Brass Band

Registration Form

Member Information

Name: _____

Email (most communication): _____

Mailing Address: _____

Postal Code: _____

Phone: (home) _____ (cell) _____

Age: _____ Gr. _____ (in Sept.) School: _____

T-Shirt size: (Circle one) Youth: M L Adult: XS S M L XL other _____

Parent/Guardian Information

Name: _____ Email: _____

Phone: (home) _____ (cell) _____ (work) _____

MEMBER'S MUSICAL EXPERIENCE:

Private lessons (yes/no): _____	If yes, Years	Instrument
	_____	_____
	_____	_____
	_____	_____

School Experience:	Instrument	Years
	_____	_____
	_____	_____
	_____	_____

Having been introduced to the instruments of a brass band,
(refer to <https://www.kincardinebrass.ca/kincardine-youth-brass-band>),
please list in order of preference, 3 instruments you would like to play in the KYBB:

- Instrument**
1. _____
 2. _____
 3. _____

Reason for <u>first choice</u>

