

CGSHS – Band of Distinction & Color Guard Parent Information

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Student Information:

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth date \_\_\_\_\_ Student's Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Parent/ Guardian Information

Mom's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Email \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Dad's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Dad's Email \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Parents/ Guardian, are you willing to donate time to the BOD Booster? \_\_\_\_\_

Are you a registered and approved Miami-Dade County Public School Volunteer? \_\_\_\_\_

If yes, Level 1 or Level 2? \_\_\_\_\_ If no, would you be interested in becoming one? \_\_\_\_\_

Times available (circle):    **MORNINGS**                      **LUNCHTIMES**                      **AFTERNOONS**                      **EVENINGS**

Please indicate your area of interest:

Fundraising Committee _____	Trailer Pull _____
Communication Committee _____	Football Sandwiches _____
Hospitality Committee _____	Bus Chaperones (Level 1) _____
Donations Committee _____	Garage Sales (Dates TBD) _____
Uniform Committee _____	Car Washes (Dates TBD) _____
Social Activities Committee _____	

We constantly rely on our booster parents for their ideas, talents, interests, and even occupations. Please let us know how your ideas, talents, interests, or occupation can help the Band of Distinction and Color Guard at Coral Gables Senior High School: \_\_\_\_\_

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