



Central Michigan University
2009 High School Honors Band
Student Information Sheet

(please print)

Name: _____ Instrument: _____

Address: _____
Street City State ZIP

Home Phone: () _____ E-Mail _____

Year in School: Freshman _____ Sophomore _____ Junior _____ Senior _____

Band Director's Name: _____

School: _____

School Address: _____
Street City State ZIP

School Phone: () _____

School FAX: () _____

Director's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Mail this form and audition tape/CD to:

Honors Band
School of Music
Central Michigan University
Mt. Pleasant, MI 48859

Postmark deadline for form and audition tape/CD: OCTOBER 22, 2009

For More Information, call John Williamson at (989) 774-3281
or e-mail john.williamson@cmich.edu