



Oxford Winds
Community
Concert Band

2018/2019 Registration Form

First Name: _____	Last Name: _____
Street Address: _____	
City: _____	Postal Code: _____
Phone: _____	
Email Address: _____	

Membership Type:	<input type="checkbox"/> Performing Member (\$50/individual) <input type="checkbox"/> Family Rate (\$50/individual for first 2 members; \$25 for each additional member)	<input type="checkbox"/> General Non-Performing Member (no fee)
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<input checked="" type="checkbox"/> Music Level Preference: <input type="checkbox"/> Beginner – Little Airs <small>(only available if 6+ registrations)</small> <input type="checkbox"/> Novice – Breeze <input type="checkbox"/> Intermediate – Winds <input type="checkbox"/> Senior – Winds <input type="checkbox"/> Senior – Chamber	Instrument: <small>[you may choose more than one instrument/level]</small> _____ _____ _____ _____
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By signing below, I agree to the following:

I give permission to the Oxford Winds to release my name and/or photograph on concert programs and official Oxford Winds websites, social media, print media and other digital media

I give permission to the Oxford Winds to email me updates regarding the band, band events and community events

I agree to abide by the Oxford Winds' Policies and Procedures for members (document found at oxfordwinds.ca)

Signature	Date
<small>(parent/guardian if under 18 years of age)</small>	

For Board Member Use:		
<input type="checkbox"/> Individual(s): _____	Payment received: \$ _____	<input type="checkbox"/> Cash
<input type="checkbox"/> Family Rate for: _____	Date: _____	<input type="checkbox"/> Cheque # _____