**Form D**

**THIS “AGREEMENT OF UNDERSTANDING” MUST BE TURNED IN BY ALL BAND MEMBERS PRIOR TO DEPARTURE FOR BAND CAMP.**

We, as parents and participating band members have read and understand all the information and rules included in the information packet. We agree to abide by the rules of the camp.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM IS DUE BY THE: Monday 7/20/20 ~ Tuesday 7/21/20 at 1st pre camp rehearsal. FORMS CAN ALSO BE MAILED TO:**

Wickliffe Band Boosters

RE: Band Camp

P.O. Box 131

Wickliffe, OH 44092