

SOUNDS OF PRIDE REGISTRATION FORM

Band Name _____

Contact Address _____

Director(s) _____

Band Size _____

Contact phone _____ Cell Number _____

Please check one:

_____ Yes, we will attend the Sounds of Pride. Fee for this event only is \$75.00

_____ Yes, we would like to take advantage of the discounted price by attending BOTH Sounds of Pride and the Rebel Classic shows and compete for the "Pride in the Park" award! Fee for the combined event is \$100.00 total

_____ We are unable to attend but keep us on your mailing list

Please submit this form and a check for the appropriate amount checked above made payable to the Blaine Band Boosters to the following address:

Blaine Band Boosters
c/o Deb Norskog
412 126th Avenue NW
Coon Rapids, MN 55448