REGISTRATION FORM
2026-2027

Please fill this form out, print it, and bring it to rehearsal. If you prefer, you can mail a check to our treasurer at the address below.

For easier, more secure registration, visit our website at www.sosband.org and click on Member Information.

Date: ____/____/_____

Personal Information

Registrant Name _____
Last Name First MI

Home Address _____
Street Address

_____
City/State/Zip

Phone(s) _____
Home Work Cell

Email Address _____

Instrument _____

Emergency Contact _____
Name Number Relationship

Cost for playing in the band is $40.

Payment Method

____ Check (payable to Southwestern Ohio Symphonic Band) ____ Cash

Remit to: Southwestern Ohio Symphonic Band
Attn: Mike Fox, Treasurer
P.O. Box 18432
Fairfield, Oh. 45018-0432