Registration Form

Lowcountry Invitational Marching Festival

Band Name _____

School _____

School Address _____

School Phone _____

School Fax Number _____

Band Director(s) _____

E-mail(s) _____

Classification that you wish to enter _____

Band Booster President for 2005 _____

Band Booster President's E-mail _____

Band Booster President Address _____

Band Director Signature _____ Date _____ / _____ / _____

Principal's Signature _____ Date _____ / _____ / _____

Send Registration Form To: **Scott Rush, Director of Bands**
Wando High School
1000 Warrior Way • Mount Pleasant, SC 29466

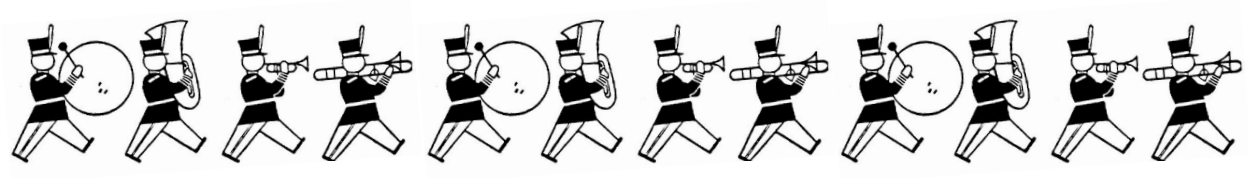
Make Checks Payable To: **Wando Band Boosters**

WANDO BAND BOOSTERS
P.O. Box 927 • Mount Pleasant, SC 29465

Your Wando Band Connection

HOW TO REACH US:

Phone 843-881-8257

E-mail media@wandobands.org

Web www.wandobands.org