

# River's Edge Community Band

Jason P. Caron, Conductor & Artistic Director

## 2011 - 2012 Registration Form



New

Continuing

Number of years in RECB: \_\_\_\_\_

Thank you for printing clearly.

Name \_\_\_\_\_

Primary Instrument \_\_\_\_\_

Address \_\_\_\_\_

Secondary Instrument \_\_\_\_\_

Town, Zip \_\_\_\_\_

# of years taken lessons/played \_\_\_\_\_

Home Phone \_\_\_\_\_

Studied with \_\_\_\_\_

Day Phone \_\_\_\_\_

Currently with \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email address \_\_\_\_\_

School attending, if student \_\_\_\_\_

As much communication as possible is done through email.

Do you have any goals for yourself or the band? Any ideas \_\_\_\_\_

I realize the participant's photograph may appear in media releases and articles (including website) as part of Arts Alliance or RECB publicity. You may , may not  include name if requested by media.

Signed, (by parent/guardian if participant is under 18) \_\_\_\_\_

### Registration Fees for September 2011 - June 2012 (check one)

ARTS ALLIANCE MEMBER:  \$70 Adult  \$35 Student (full-time)  \$95 Family

NON MEMBER:  \$85 Adult  \$50 Student (full-time)  \$110 Family

### Membership Information (choose if you want to join or renew now)

I'd like to  JOIN or  RENEW my Arts Alliance membership at the following level:

Student/Senior \$35  Individual \$50  Couple/Dual \$60  Family \$80

Community Leader \$500  Pacesetter \$1000

Please include employer contribution matching form if possible.

Membership name as you would like listed: \_\_\_\_\_

*Contributions are tax-deductible to the full extent of the law. Members receive program and ticket discounts, complimentary sampler tickets, quarterly newsletters & more. The Arts Alliance is a 501(c)3 charitable organization dedicated to promoting community arts and arts education in our area.*

RECB Registration Fee: \$ \_\_\_\_\_ Payment by:  Check # \_\_\_\_\_  MC/VISA/AMEX/Discover

Arts Alliance Membership Fee: \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_/\_\_\_

RECB Sustaining Contribution: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_ Name on Card: \_\_\_\_\_

CVV2: \_\_\_\_\_

Please call if financial assistance is needed to participate in this program.

Checks payable/return to: Arts Alliance  
155 Apsley Street, Hudson, MA 01749

Phone: 978-562-1646

Email: arts\_alliance@upwitharts.org

Website: upwitharts.org