

# Anona UMC Student Ministry

# Youth Band Registration

Name: \_\_\_\_\_ Please call me: \_\_\_\_\_

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Extra Curricular Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
(Parent Signature) (Student's Name)

to participate in worship leadership through playing in Youth Band.

**What is experience do you have in music?** (please include lessons, choir, bells, and/or orchestra involvement)

**At what instruments (including voice) do you consider yourself proficient?**

**Why do you want to learn how to lead worship through music?**

**Please list the times that you are available for weekly rehearsal**

**Monday Tuesday Wednesday Thursday Friday Saturday**

\_\_\_\_\_

\_\_\_\_\_

Please return this completed form to Anona UMC Student Ministry  
13233 Indian Rocks Rd.  
Largo FL 33774