



COAHOMA COMMUNITY COLLEGE BANDS

Return to:
Coahoma Bands
3240 Friars Pt Rd
Clarksdale, MS 38614

PROF. JAMES MCLEOD – DIRECTOR OF BANDS AND RELATED ACTIVITIES

BAND DATA FORM

NAME _____ SS NUMBER _____
LAST FIRST MI

PERFORMANCE AREA/INSTRUMENT _____

MAILING ADDRESS _____
STREET/PO BOX CITY STATE ZIP

PHONE NUMBERS _____
HOME CELLULAR WORK

MEDICAL INFORMATION

RECENT ILLNESS OR SURGERIES _____

ALLERGIES _____

PRESCRIPTION MEDICINES TAKEN _____

DOCTOR _____ PHONE _____

LIST TWO (2) EMERGENCY CONTACTS: (PREFER PARENTS OR LEGAL GUARDIAN)

NAME RELATIONSHIP PHONE

NAME RELATIONSHIP PHONE

I GRANT PERISSION FOR THE ABOVE NAMED PERSON TO BE TREATED AND /OR HOSPITALIZED BY A LICENSED PHYSICIAN IF AN EMERGENCY SITUATION ARISES.

SIGNED _____ DATE _____

SPORTS WEAR

T-SHIRT SIZE:	M L 1X 2X 3X 4X	SHOE SIZE: _____
SHORTS SIZE:	M L 1X 2X 3X 4X	AUXILIARY
WIND SUIT SIZE: (TOP)	M L 1X 2X 3X 4X	BOOT SIZE: _____
(BOTTOM)	M L 1X 2X 3X 4X	

HOUSING

DORM ASSIGNMENT _____ ROOM# _____

DORM ROOM PHONE# _____ ROOM-MATE _____

IS YOUR ROOMMATE IN BAND? YES___ NO___