**SIGNING AND SUBMITTING THIS FORM MEANS YOU HAVE READ ALL ITEMS LISTED IN THE SWINGING HAWKS MIDDLE SCHOOL JAZZ BAND GUIDELINES AND SCHEDULE.**

*I have received a copy of the Swinging Hawks Middle School Jazz Band Schedule and Guidelines. I understand the document and will abide by all terms and conditions.*

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

*\*Please return to Mrs. Freeman no later than Friday, October 19th.*