Lackawanna Trail Marching Lions
2008-2009 Season

Information Sheets

Name: _____

Grade next year: _____ Instrument/Section:_____

Home Number: _____ Cell:_____

E-mail (only if you check it regularly): _____

Do you participate in other fall activities? _____Yes _____No

If yes, which activities? _____

When do these activities typically meet?_____

Please check which rehearsal time(s) are best for you. You may check more than one.
(We typically rehearse twice weekly, with 1 football game & competition each weekend).

After School _____ Evenings _____ Weekends _____

Do you anticipate any summer conflicts? If so, please list to the best of your knowledge
(Work, vacation, etc.):

_____

Please use remaining space to list any other information you think I should know,
including any ideas you may have for next season's show, rehearsal time suggestions, etc.
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____