

Please Print Please complete and bring th	is form with you to one of our I	Monday practices.	
Name:			
Address:		Apt #:	
City:		Postal Code:	
Phone (Home):	(Work):	(Cell):	
Email:			
Martial Status:	Spouse's Name):	
D.O.B.:			
If you are not 18 at the time	of application, please provide	the name of the sponsoring band member	er:
NOTE: Signed letter from sponsorin	g band member must accomp	any this application.	
What instruments are you at	ole to play?		
What instruments are you in	terested in playing?		
Would you be interested in le	earning another instrument (if	required)?: Yes No	
Do you read music?:	_ Yes No		
Are you currently a member	of another unit or band?:	Yes No	
If your answer is yes, please	provide the names and practi	ice days:	
Where did you learn of the T	oronto Signals Band? (Please	e circle one):	
Advertising Friend	d School S	Saw the Band Perform	
Other:			

In case of emergency, who	should we contact	?:			
Name:					
Relationship:					
Address:			Apt #:		
City:		Postal C	ode:		
Phone (Home):	(Worl	x):(0	Cell):		
OHIP #:					
Please list any medical cor	nditions, for health p	ourposes only, including alle	gies:		
are on loan to you until suctive. While the uniform is in condition. When participating shined (i.e.: clean pants and	ch time that you reson your care, you are not go as part of the band tunic, polished but	val of your Section Leader. A ign or are asked to resign, a required to keep the compliand, all components of the urass, and polished boots).	s directed by the band exected ete uniform in good clean hiform are to be cleaned and	u-	
			uateu 200_		
Signature:				_	
Do Not Write in This Area					
Approvals					
Print Name	Date	Print Name	Date		
Signature		Signature			

