



Department of Music

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Please complete and return this form ASAP!

NAME: _____

SHEPHERD STUDENT ID #: (if known): _____

INSTRUMENT: _____ OR COLOR GUARD: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ (H) _____ (C)

Please check one:

- I will check into my dorm room* for band camp.
I will commute to band camp.

*FALL SEMESTER DORM AND ROOM # (if known): _____

T-SHIRT: (check one) S M L XL 2XL

MAIL TO:
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Shepherd University Music
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