

BAND FORMATION AUTHORIZATION FORM

1	Corps/Squadron Number & Name:	Location:	
2	Type of Band Forming (check one): <input type="checkbox"/> Pipe Band <input type="checkbox"/> Drum Corps or Drum Line <input type="checkbox"/> Fife & Drum <input type="checkbox"/> Military Band <input type="checkbox"/> Glockenspiel & Drum <input type="checkbox"/> Drum & Trumpet <input type="checkbox"/> Other _____		
3	Number of instruments available:	Yearly proposed budget:	
4	Proposed band practice schedule: Day: _____ Time: _____ Location: _____		
5	Band Director's Surname:	First Name:	Rank:
	Phone Number – Residence: ()	Phone Number – Work: ()	Email:
	Background/Experience:		Date:
			Signature:
6	Commanding Officer's Comments:		Date:
			Signature:
7	Sponsoring Committee Chairperson's Comments :		Date:
			Signature:
8	Elemental Office Comments :		Date :
			Signature:
9	Regional Cadet Music Advisor's Comments:		Date:
			Signature: