

UNIVERSITY OF HAWAI‘I BANDS

Reply Card

Name (last, first) _____ UH ID # _____

Address _____ Ph. # _____

City _____ State _____ Zip _____

E-mail (*frequently checked*) _____

Instrument: Marching _____ Concert _____

High School Attended _____

Campus attending this Fall: ___ UHM ___ UHWO ___ KCC ___ HCC ___ LCC ___ WCC ___ HPU ___ OTHER

I intend to register in: ___ Marching Band ___ Fall Wind Ensemble ___ Spring Concert Band

PLEASE RETURN THIS CARD BY: _____

Please type or print clearly.