Waipahu Intermediate School Band

Kokua Form

Student Name: _____ **Grade**: _____

Parent/Guardian Information

Father/Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

How can I help? *Please check all that apply*

☐ Transportation of equipment and/or instruments ☐ Chaperone of field trips

☐ Band Booster Club ☐ Fundraising pick up/delivery

☐ Other: _____

Availability *Please check all that apply*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times Available Morning _____ Afternoon _____ Evening _____

Mother/Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

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