

# 2009 Marching Band Deviation Form

Please fill out one form for each deviation

Student's Name \_\_\_\_\_

Date of Deviation: Month \_\_\_\_\_ Day \_\_\_\_\_

Event: \_\_\_\_\_

Who will be picking up your child from the event?

_____	_____
Name	Relationship

What is his/her Cell Phone Number (with area code) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Cell Phone Number (with area code) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What time will you be picked up? \_\_\_\_\_

I understand that my child will be deviating from the scheduled itinerary and I hereby give permission for the above stated deviation only. **It is mandatory for students to check-out with Mr. Wagner or the Drum Major before leaving.**

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date