**Central Bucks High School East**

**Band Parents Association**

**“Shout Out” Order Form**

**Parents, Grandparents & Guardians, pay tribute to the hard-working student musician in**

**your family with a “shout out” in the band concert program! A special way to honor**

**your graduating senior, or recognize the talents of anyone in the band.**

Shout-Outs (140 characters or less, no images)………..$20 per concert

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Purchaser’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks payable to: CB EAST BAND PARENTS ASSOCIATION**

**Concert(s)** \_\_ Fall \_\_ Winter \_\_ Spring

$20 x \_\_\_\_ # Concerts = Amount enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ad copy: \_\_ Enclosed \_\_ Emailing to: johnkozlowski@comcast.net

Please mail this form with payment to:

CB Band Parents Association, c/o John Kozlowski

4837 E. Blossom Dr, Doylestown, PA 18902

**SHOUT OUTS MUST BE RECEIVED BY OCTOBER 15**