

West Catholic Band Alumni Information Form
Print this form and Fill out

First Name _____

Last Name _____

Street Address 1 _____

Street Address 2 _____

City _____

State _____ Postal Code _____

Phone () _____

Country (only if not US) _____

Year graduated _____

Instruments Played _____

E-mail address _____

Please mail to:

West Catholic Band Program
1801 Bristol Avenue N.W.
Grand Rapids, MI 49504

Attention: Judy Sabaitis/Band Booster

Thank you for supporting the West Catholic Band.