



ROYAL BAHAMAS DEFENCE FORCE RANGERS BAND

P.O. Box N-3733

NASSAU BAHAMAS

Tel: (242) 362-3709/424-7842

Name: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____ G.P.A _____

Email: _____

Address: _____

Mother's Name: _____ Home Phone: _____ Cell: _____

Father Name: _____ Home Phone: _____ Cell: _____

Emergency Person Name: _____ Number _____

Do you have any medical illness or allergies? If so, state the illness or allergy and list the medication.

Do you play an instrument? _____ If so, which one? _____

Are you willing to learn any instrument that is needed in the band? _____

Can you read music? _____

Have you ever taken the Royal school music exam or Trinity music Exam? _____

What has inspired you to join the band?

Do you own your an instrument and if yes, which instrument?

Do you play with any other band and if so, which band?

