

# Hawaii Enrollment Form

## Payment Information:

Cash \$ \_\_\_\_\_  Family Savings Account \$ \_\_\_\_\_  
 Check or Money Order (Payable to "Shamrock Regiment") \$ \_\_\_\_\_  
Credit card payments may be made online through Charms (Affinipay)  
Amount of payment \$ \_\_\_\_\_ Date of payment \_\_\_\_\_

Payments can be made in the Band Room Lockbox or mailed to the following address:  
Shamrock Regiment, PO Box 539, Cypress, CA 90630 All questions about payments should be  
directed to the treasurer Dianne Badua. E-mail address: treasurer@kennedyband.org

Traveler's Legal First, Middle, and Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_  
Marching Instrument \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Travel Hawaiian Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

By signing below I give permission for my son/daughter to participate in the extra-curricular student tour. I further acknowledge that my daughter/son assumes full responsibility for his/her own actions, and shares responsibility for the group's actions. I also assume responsibility for my actions, should I be the enrolling participant.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print name