

THE PRIDE OF PORT CHARLOTTE  
THE PORT CHARLOTTE HIGH SCHOOL  
BAND PROGRAM

ALUMNI CONTACT INFORMATION



GRADUATION YEAR:

NAME \_\_\_\_\_  
(Prefix) (First) (Middle Initial) (Last) (Maiden Name) (Suffix)

NICKNAME \_\_\_\_\_ SPOUSE'S/PARTNER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

HOME \_\_\_\_\_ WORK \_\_\_\_\_  
(Area Code) (Telephone) (Area Code) (Telephone)

FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
(Area Code)

OCCUPATION \_\_\_\_\_

DOES YOUR EMPLOYER HAVE A CHARITABLE GIVING PROGRAM? Yes  No

CHECK ALL THAT APPLY:

- |  |   |
|--|---|
| MARCHING BAND PARTICIPANT <input type="checkbox"/> | JAZZ BAND PARTICIPANT <input type="checkbox"/>      |
| WIND ENSEMBLE PARTICIPANT <input type="checkbox"/> | SYMPHONIC BAND PARTICIPANT <input type="checkbox"/> |
| CONCERT BAND PARTICIPANT <input type="checkbox"/>  | SYMPHONY BAND PARTICIPANT <input type="checkbox"/>  |
| INDOOR GUARD PARTICIPANT <input type="checkbox"/>  | COLOR GUARD PARTICIPANT <input type="checkbox"/>    |

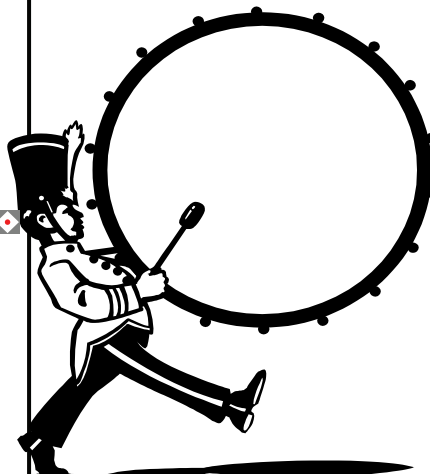
PRIMARY INSTRUMENT \_\_\_\_\_ SECONDARY INSTRUMENT \_\_\_\_\_

LEADERSHIP POSTION \_\_\_\_\_ LEADERSHIP POSITION \_\_\_\_\_

BAND DIRECTOR'S NAME DURING TENURE AT PCHS \_\_\_\_\_

Please Mail, Email or Fax Completed Forms To:  
**PCHS Band Alumni Campaign**  
**c/o PCHS Band Boosters**  
**P.O. Box 381257**  
**Port Charlotte, Florida 33938**

**Email: pcspride@comcast.net**  
**Or**  
**Fax Linda Ferguson P'07 & '10**  
**At (941) 629-2654**



For more information, please contact:  
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