

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



ALUMNI PARENT(S)/GUARDIAN(S) CONTACT
INFORMATION

STUDENT'S GRADUATION YEAR

STUDENT'S
 NAME*

(Prefix) (First) (Middle Initial) (Maiden) (Last) (Suffix)

FATHER'S /GUARDIAN'S NAME _____

(Prefix) (First) (Middle Initial) (Last) (Suffix)

MOTHER'S /GUARDIAN'S NAME _____

(Prefix) (First) (Middle Initial) (Last) (Suffix)

PARENT'S/GUARDIAN'S (S')
 MAILING ADDRESS _____

(Street) (City) (State) (Zip Code)

FATHER/GUARDIAN: _____

(Area Code) (Telephone) (Email Address) (Area Code) (Fax)

MOTHER/GUARDIAN: _____

(Area Code) (Telephone) (Email Address) (Area Code) (Fax)

OCCUPATION: _____

(Father/Guardian)

(Mother/Guardian)

DOES EMPLOYER
 HAVE A CHARITABLE
 GIVING PROGRAM?

Yes No

Yes No

COMMENTS: _____

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: pchspride@comcast.net

or

Fax: Linda Ferguson P '07 & '10
At (941) 629-2654



For more information, please call
 Linda Ferguson P '07 & '10 at (941) 764-1383
 * If necessary, please add additional lines.