



Northern California Band Association WINTER ACTIVITIES

Personnel Request Form

The approved Winter Activities Rules state, "All members of the competing unit must be enrolled at the school they perform with. The VP of Winter Activities will consider exceptions to this rule on a case-by-case basis". Please use this form to make any personnel requests. The VP of Winter Activities will approve or deny the request based on the information provided on this form.

STUDENT CONTACT INFORMATION:

Name: _____ School: _____

Phone Number: _____ Email Address: _____

DIRECTOR CONTACT INFORMATION:

Name: _____

Phone Number: _____ Email Address: _____

Which school are you requesting to perform with?

Please provide a compelling reason for why it is necessary for you to perform with a different school.

REQUIRED DOCUMENTS:

Please submit both pages of this form.

Signatures are required from the following individuals:

- Parent/Legal Guardian
- Band Director from the school of record
- Principal from the school of record
- Band Director from the school the student is requesting to perform with
- Principal from the school the student is requesting to perform with

Please email this form, along with the required documents to:

APPROVED / DENIED

Marcus A. Mills, Ed.D.
VP of Winter Activities
NCBAWinterActivities@gmail.com

M. Mills, VP of Winter Activities

Date

PERSONNEL REQUEST FORM

SIGN OFF SHEET

Student Name: _____

Providing your signature below indicates:

- You are aware the student listed above is requesting to compete with a group not affiliated with his/her school of record during NCBA's Winter Season.
 - You are providing permission for the student listed above to compete with a group not affiliated with his/her school of record during NCBA's Winter Season.
 - You understand the decision of the VP of Winter Activities will be final.
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Parent/Legal Guardian

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Band Director from the School of Record

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Principal from the School of Record

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Band Director from the school the student is requesting to perform with

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Principal from the school the student is requesting to perform with

Name: _____ Phone Number: _____

Signature: _____ Date: _____