



2017-18 CHICAGO WOLVES BAND PERFORMANCE REGISTRATION

Register your band for the 2017-18 season and receive priority when selecting the performance date of your choice. Performance spots will fill up, so please be sure to reserve your spot quickly.

Band Name: _____

Contact Person: _____

Phone: (C) _____ (H) _____

Email: _____

School Address: _____

City: _____ Zip: _____

Please circle your preferences:

Preferred Month: **OCTOBER** **NOVEMBER** **DECEMBER** **JANUARY** **FEBRUARY** **MARCH** **APRIL**

Preferred Day of the Week: **FRIDAY** **SATURDAY** **SUNDAY** **WEEKNIGHT**

Estimated Number of Students in Band: _____

*Bands of 35 or more performers may be required to split into two locations.

All tickets for band members, their family members, and friends are \$17 each.

Please fax this form to (847) 724-1652 Attn: Stefanie Evans or email to skevans@chicagowolves.com

Upon receiving this form, the Chicago Wolves will email you a confirmation.

For more information, contact Stefanie Evans at (847) 832-1939 or skevans@chicagowolves.com

1-800-THE-WOLVES



CHICAGOWOLVES.COM