



E.D.White Cardinal Vanguard **Band Night!**

My son/daughter (print name) _____ has permission to attend the E.D. White Cardinal Vanguard Band Night on Friday, October 17, 2025. He/she will be picked up in the “back gym” at the conclusion of the game.

Please check your student’s grade level: 6th _____. 7th _____. 8th _____. Other _____

My son/daughter plays the (instrument)_____.

My son/daughter will remain with the EDW Band and follow all school rules and director’s procedures.

Parent signature: _____

Cell _____

other emergency name/cell: _____