

# **GALS Band Acceptance Form**

Celebration of Life 2025 - Band Showcase

Memorial Stadium, Savannah, GA

December 6, 2025

## **BAND/SCHOOL INFORMATION:**

Band Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## **NUMBER OF PARTICIPANTS:**

Total Members: \_\_\_\_\_

## **PERFORMANCE DETAILS:**

Preferred Time Slot: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

## **ACKNOWLEDGMENT:**

I agree to follow all event guidelines and safety protocols.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to: Gals2013@aol.com