



Senior Band Night RSVP Card

Senior's Name: _____

Sibling band student (s) name(s) _____
(only if a band student)

Will you attend the reception? (please circle one) YES NO

Total number attending reception: _____

Senior Flower: (please circle one) Corsage or Boutonniere

Mother / Stepmother Flower: How many needed? _____

Please note any food allergies: _____

**Please have your student return this form to the WHITE BAND BOX attention:
Amanda Kost by OCTOBER 10, 2014.**