

Franklin Regional Band Boosters Officer Nomination Form

General Information:

Name: _____
Address: _____
City: _____, PA ZIP: _____
Phone: _____
E-Mail: _____
Student: _____ Grade: _____
Student: _____ Grade: _____
Student: _____ Grade: _____
Student: _____ Grade: _____

FRBB Participation:

- Number of years of FRBB Membership: _____
- I have participated on the following FRBB Committees/Activities: _____

- I have chaired the following FRBB Committees/Activities: _____

Other Organizations:

- Membership (number of years and positions held): _____

Please tell us:

- Your most enjoyable FRBB experience: _____

- Your biggest frustration with the FRBB: _____

- What makes you the best potential FRBB Officer: _____

Please return your completed form to a member of the nominating committee by the deadline.