

TIA CHAPTER 8 INFORMATION FORM

UNIT NAME(School)_____

Dance_____ Guard_____ Percussion_____ Twirlers_____ classification_____

DIRECTOR_____

ADDRESS
(School)_____

SUMMER MAILING ADDRESS _____

Email_____

Summer Email if different_____

Phone Number_____

Cell Phone Number_____

FAX
Number_____

Please share ALL Information with Members_____

Please share ALL Information but_____

Yes, please share information on TOB CHAPTER 8 Website_____

No, DO NOT Share Information on TOB CHAPTER 8 Website_____

Please return form to

Teresa Ross TOB CHAPTER 8 Liaison
812 Thornton Ave
Greensburg, PA 15601

Please return ASAP.