

TIA REGION 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 REGION 8 Website _____

No, DO NOT Share Information on TOB REGION 8 Website _____

Please return form to

Teresa Ross
TOB Region 8
812 Thornton Ave
Greensburg, PA 15601

Please return ASAP.