



# White Spot Pipe Band

This form is to confirm that a member(s) of the White Spot Pipe Band performed at a function for your school / community event.

Please fill in any details as outlined below:

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

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

or Community Event: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name(s) of White Spot Pipe Band members present:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by Administrator:

\_\_\_\_\_

\_\_\_\_\_

(Name – please print)

(Signature)