



ADMINISTRATION USE ONLY:

MEMBERSHIP APPLICATION

Name _____ Birth Date ____/____/____
(Last) (First) (Initial) (Month) (Day) (Year)

Home Address _____
(Street)

(City) (State) (Zip) Phone (____) _____

Email _____ Cell Phone (____) _____

School Name _____ Band Director _____

Parent/Guardian Information (write "same" if Address or Home Phone are the same as in Home Address above)

Mother: Name _____
Address _____

Hm Phone (____) _____
Wk Phone (____) _____
Employer _____
Occupation _____
Willing to Volunteer? Yes No

Father: Name _____
Address _____

Hm Phone (____) _____
Wk Phone (____) _____
Employer _____
Occupation _____
Willing to Volunteer? Yes No

Have you ever practiced or performed with another drum corps? Yes No If yes, list corps & Dates:

Do you owe another corps money, equipment or uniforms? Yes No If yes, Please describe:

What is your primary interest? **BRASS PERCUSSION GUARD NOT SURE** (circle one)

If your position of interest is full, would you be willing to try something else? Yes No Do you have experience in that area? _____

I hereby give my permission for my child/ward to participate in the activities of TEAL SOUND Drum & Bugle Corps. I do hereby indemnify and hold harmless the Administration, Officers, Directors, Staff, Chaperones, Boosters, Sponsors and Affiliated Persons and Organizations from any accidents or injuries resulting from such participation.

(Member Signature) (Date)

(Signature of parent/guardian) (Date)
(Required if applicant is under 18 years of age)

Mail to: **TEAL SOUND 401 Habersham Rd Thomasville, GA 31792 director@tealsound.org**
www.tealsound.org