

**2017 STHS Band Winter Guard
Varsity Registration Form**

Please print clearly

Student Name: _____ Student ID: _____

Do you participate in any other STHS Band Programs? No (Please complete attached form)

Yes (I'm in Charms already)

Student Cell Phone: _____ Student Email: _____

Student T-shirt size (all sizes are Adult): S M L XL XXL

Parent 1

Parent 1 Name: _____

Parent 1 Cell Phone: _____ Parent 1 Email: _____

Parent 2

Parent 2 Name: _____

Parent 2 Cell Phone: _____ Parent 2 Email: _____

Please review the attached schedule and answer the following questions

Are there any practices or competitions you cannot attend? Please list them here:

Which of these days are you **NOT** AVAILABLE during February Break?

2/20/17 2/21/17 2/22/17 2/23/17 2/24/17 2/25/17 **Competition**

*The Winter Guard program is funded exclusively through contributions and fundraising. **Each participant is required to contribute/raise \$750 (due in installments: \$150 on 12/16/16, \$200 on 1/13/17, \$200 on 2/3/17, and \$200 on 3/1/17) to cover their share of the expenses. If you need help raising the funds, STMAA (our booster organization) has many programs to help raise money. Please contact them as soon as possible to find out more information. Contact information is found at 600building.com. Cuts in competitions or membership will result from not contributing.***

⇒ I have read the donation information. Parent Initials here: _____ ⇐

\$150 due Friday, 12/16/16	\$200 due Friday, 1/13/17
\$200 due Friday, 2/3/17	\$200 due Wednesday, 3/1/17

I acknowledge receiving the attached schedule and approve of my student participating in STHS Winter Guard.

⇒ Parent Signature: _____ Date: _____ ⇐

NEW STUDENT CONTACT SHEET

If you are already in band or color guard and in Charms, you do NOT have to fill this out.

Please print clearly

Student Name: _____

School ID Number: _____

Current Grade: _____

Home Phone: _____

Street Address: _____

City, State, ZIP: _____

Please list all food allergies: _____

Parent 1

Parent 1 Name: _____

Parent 1 Home Phone: _____

Street Address: _____

City, State, ZIP: _____

Parent 1 Email: _____

Parent 2

Parent 2 Name: _____

Parent 2 Home Phone: _____

Street Address: _____

City, State, ZIP: _____

Parent 2 Email: _____

Completed by: _____ **Relationship to Student:** _____
Print name

Signed: _____ **Date:** _____
Signature