

**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