



# Membership Registration Form

(PLEASE PRINT)

## WINTER 2011-2012

Please return this form to any SCACMB Director or mail to:  
St. Cloud All-City High School Marching Band  
PO Box 7762  
St. Cloud, MN 56302-7762

(PLEASE PRINT AND USE BLACK OR BLUE INK ONLY)

Student's Name: \_\_\_\_\_

This will be my: (circle) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> season in Winter Guard/Drumline.

The school I currently attend is: \_\_\_\_\_ I am in grade: (circle) 7 8 9 10 11 12

Home Address: Street/Box \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_

Mother's Occupation/Employer \_\_\_\_\_

Mother's Address: (if different from above) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's E-mail Address: \_\_\_\_\_

Father's Occupation/Employer \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

I am interested in: \_\_\_\_\_ "Eclipse" Winter Color Guard (flag, rifle, sabre)

\_\_\_\_\_ Winter Drumline (snare, tenor, bass, cymbals, mallets, auxiliary)

THANK YOU!

(Office use only)

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

Received By: \_\_\_\_\_