



Membership Registration Form

(PLEASE PRINT)

SUMMER 2009

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

Student's Name: _____ Phone: _____

This will be my: (circle) 1st 2nd 3rd 4th 5th 6th season in Summer Marching Band.

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

Home Address: Street/PO Box _____ DOB: _____

City/State/Zip: _____

E-Mail Address: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Mother's Occupation/Employer: _____

Work Phone: _____ Cell Phone: _____

Mother's E-mail Address: _____

Address: (if different from above) _____

Father's Name: _____ Home Phone: _____

Father's Occupation/Employer: _____

Work Phone: _____ Cell Phone: _____

Father's E-Mail Address: _____

Address (if different from above) _____

I am interested in: _____ Band Proper (Brass and Woodwinds) Instrument: _____

_____ Honor Guard (American Flag, Band Banner, Side Arm, State Flag, City Flag)

_____ Color Guard (flag, rifle, sabre)

_____ Drumline (snare, tenor, bass, cymbals)

THANK YOU!

Date Received: _____

By: _____