



TEAL SOUND
DRUM & BUGLE CORPS
 JACKSONVILLE, FLORIDA

ADMINISTRATION USE ONLY:

MEMBERSHIP APPLICATION

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

Home Address _____
 (Street) (Apt. No.)

 (City) (State) (Zip)

Phone (____) _____ Cell Phone (____) _____

Email _____

School Name _____ Band Director _____

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

Mother's Name _____ Father's Name _____

Address _____ Address _____

Hm Phone (____) _____ Hm Phone (____) _____

Wk Phone (____) _____ Wk Phone (____) _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Willing to Volunteer? Yes No

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 BATTERY PERCUSSION COLOR GUARD
 FRONT ENSEMBLE ELECTKEYBD DRUM MAJOR

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,
 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 Drum & Bugle Corps
 401 Habersham Rd., Thomasville, GA 31792