



# Membership Registration Form

(PLEASE PRINT)

**SUMMER 2010**

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) 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 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: \_\_\_\_\_