

**MGM Band
Visual Ensemble
Audition Form**

Please Circle: **Color Guard** **Dance** **Majorette**

Name _____

Grade Level (2023-2024) _____ **Date of Birth** _____

Address _____

City/State/Zip _____

Parent Cell 1 () _____ **Parent Cell 2 ()** _____

Email Address _____

Parent(s) _____

Parents' Email Address _____

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Experience (please explain)

The following items must be returned with this application. Place these items in the manila envelope provided and return to the band room or room 811 before 2:45 p.m. on Friday, March 3, 2023.

- Audition Form
- Rules and Regulations Form
- Proof of Physical (Make a copy for your records)
- Code of Conduct signed by student and parent
- Copy of 1st Semester Report Card (or current grades from schoology)
- \$30 Clinic Fee (non-refundable check (cash or credit) made payable to MGM Band)

I have checked off ALL of the above items. My signature is to certify that these items are included with my application.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____