



## 2018 Newnan High School Color Guard Application



Please PRINT the following information and return to Mr. Erdogan no later than Friday, May 4, 2018

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name you go by (if different than above): \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Grade during the 2018 – 2019 School Year: \_\_\_\_\_

Names of Parent(s)/Guardian(s): \_\_\_\_\_

Phone number where parents can be reached:

MOM: ( \_\_\_\_\_ ) \_\_\_\_\_

DAD: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent's Email address:

MOM: \_\_\_\_\_

DAD: \_\_\_\_\_

---

**\*I have read, understand and agree with the information regarding expectations of performers and parents, practice and performance schedules, and membership dues. If chosen to participate in the NHS Color Guard, I understand that failure to abide by these guidelines could result in the inability to perform with the ensemble and/or removal from the ensemble.**

Signature of Performer: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_



# 2018 Newnan High School Color Guard Application



Student Name: \_\_\_\_\_

## Grades:

Class period	Name of Class	Current Average	Teacher Signature
1.			
2.			
3.			
4.			
<i>Middle school ONLY</i> 5.			
<i>Middle school ONLY</i> 6.			