



STUDENT INFORMATION **STUDENT CCPS ID#** _____

Last Name	Date of Birth	CIRCLE ONE Color Guard Band / Instrument _____
First Name	Grade	Student Cell:() -
	Shirt Size	Student Home Address:
PARENT/GUARDIAN INFORMATION		Student Email:

Parent/Guardian #1 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #1 Phone Number
		Number Receives Text Messages (Y or N)
Parent/Guardian #1 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
Parent/Guardian #2 Name	Complete Address <input type="checkbox"/> Same as above	Parent/Guardian #2 Phone Number
		Number Receives Text Messages (Y or N)
Parent #2 Email Address		Best time to call
		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night

AREAS OF INTEREST	Please check		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Chaperone			
Concession Stand			
Equipment			
Fundraising			

AREAS OF INTEREST	Please check		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Officer/Chair Position			
Uniforms			
Prop Building			
Concert/Event Set Up			

AREAS OF INTEREST	Please check		
TASK	Strong Interest	Medium Interest	Minimal to no interest
Trailer Pulling			
Middle School Liaison			
Senior Night			
Jazz Dinner			