

S.P. WALTRIP HIGH SCHOOL
INSTRUMENTAL MUSIC DEPARTMENT
1900 W. 34th Street
HOUSTON, TX 77018
(713) 688-1361 ext. 310
Fax: (713) 957-7757

COLOR GUARD APPLICATION

NAME: _____
ADDRESS: _____
PHONE: _____ CELL: _____
EMAIL: _____
GRADE LEVEL: _____ ACADEMY: _____
PARENT NAME/PHONE NUMBER: _____

BRIEF STATEMENT:

Please state briefly why you are interested in becoming a member of the Waltrip Band Color Guard and how you will be able to help enhance the group next year.

EXPERIENCE:

Please list any experience you have had in the past such as: played a musical instrument, dance, cheerleading, etc.

OBLIGATION (Please answer the following questions **YES OR NO.**)

- A. Are you willing to fulfill the financial obligation required: _____
- B. Are you willing to fulfill the obligation of rehearsals and performances: _____
- C. Are you willing to maintain eligibility (passing grades, conduct): _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____