

COLOR GUARD APPLICATION GREENEVILLE HIGH SCHOOL BAND

NAME _____ GRADE NEXT YEAR _____

T-SHIRT SIZE _____ PARENT/GUARDIANS _____

HOME ADDRESS (please include zip) _____ PHONE _____

Email(s) (please include parents) _____

PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS.

A non-refundable application fee of \$5.00 must accompany this application along with 3 references and must be turned in by Thursday, April 23, 2009. This is to help to defray the costs of tryouts. Make checks payable to "Greeneville Band Boosters". References must be from adults other than family members such as teachers, church leaders or adults in supervisory positions.

Please read the following information and sign the form at the bottom. Parents MUST sign, too. Your signature indicates that you have read, understand, and accept these conditions.

1. I understand that try outs for color guard, majorettes, and drum major for the 2009 GHS band will be held on Saturday, May 2, beginning at 9:00 AM in the GHS gym. I also understand that **no spectators** are allowed in the gym during tryouts.
2. I understand that I must try out on Saturday, May 2, in order to be eligible for membership in the guard. I further understand that I must try out even if I was in the guard last year.
3. I understand that try outs will be judged by qualified judges whose decision is final, and that I must accept their decision.
4. I understand that I must attend band camp the week of July 26- 31 at my own expense.
5. I understand that I must attend summer practice regularly, and that I must come to practice regularly during marching season, or jeopardize my continued membership in the guard.
6. I understand that I am expected to be fully cooperative with my squad leader, guard captain(s), drum major, guard instructor(s), and the band directors. I further understand that failure to do so will jeopardize my continued membership in the guard. Captains are expected to make band their **first priority** during marching season.
7. I understand that the band performs at all varsity football games, home and away, and that I am expected to be present in full dress and make-up at each performance unless I am sick or there is a family emergency.

8. I understand that I will be expected to pay for my body suit, shoes, and the cost of the uniform. I FURTHER UNDERSTAND THAT IF I AM SELECTED FOR THE FLAG CORPS, A UNIFORM WILL BE ORDERED TO FIT ME. IF I DECIDE TO QUIT DURING THE SUMMER, AND MY REPLACEMENT CANNOT WEAR MY UNIFORM, I WILL BE EXPECTED TO PAY THE FULL COST OF THE UNIFORM. We usually have several Flag Corps fundraisers to help pay for the uniforms.

I have read and I understand the above information.

X _____ X _____ X _____
Student Signature Parent Signature Date

COLOR GUARD APPLICATION QUESTIONS

This must be turned in by Thursday, April 23, 2009.

NAME _____

Please answer the following questions. These answers will constitute a part of your try out score. Please give careful thought to your answers. Use the back if necessary.

1. Why do you want to be in the flag corps of the GHS band?

2. Why is the flag corps an important part of the band?

3. What must you do to be an effective member of the flag corps?

4. How would you handle a conflict between yourself and your squad leader or captain?

COLOR GUARD APPLICATION QUESTIONS, P2

This must be turned in by Thursday, April 23, 2009.

Do not put your name on this paper. This needs to be anonymous.

1. Who do you think should be the Color Guard Squad Leader(s)?

Why?

2. Who do you think should be the Color Guard Captain(s)?

Why?

GHS FLAG CORPS REFERENCE FORM

DUE DATE: Thursday, April 23, 2009

Give this form to three (3) references. References must be adults other than family members such as teachers, church leaders or adults in supervisory positions.

STUDENT NAME: _____

TO THE REFERENCE: The person listed above is trying out for the Flag Corps for the Greeneville High School Band. A portion of the student's total score will come from statements made by the references of the applicant. We are aware of the time necessary to prepare such an assessment and gratefully acknowledge your help. Please feel free to use the back if necessary. This form will be kept confidential and may be mailed before Friday, April 25, 2008 to: David Price, Greeneville High School, 210 Tusculum Blvd., Greeneville, TN 37745

1. Length of time you have known applicant?
How do you know the applicant?

2. What do you consider to be the applicant's primary talents or strengths?

3. Comment on the applicant's relationship with peers.

4. If you had an extracurricular activity would you accept this applicant?

5. Please use a scale of 1-10, with 10 being the highest, to rate the applicant on each of the following.

| | | |
|-----------------|-------------------------|----------------------------------|
| Character_____ | Concern for others_____ | Responsibility_____ |
| Leadership_____ | Initiative_____ | Persistence and drive_____ |
| Maturity_____ | Poise_____ | Ability to work with others_____ |

Other comments (optional):

Name of Adult Reference _____ Position/Title _____

School/Business/Religious Group/Organization _____

Address _____ Phone _____

Reference Signature _____

Applicants will not receive a score in this area unless this and all forms are completed in their entirety and submitted by the deadline of Thursday, April 23, 2009.

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