

MAJORETTE 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 judges and instruction. 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. **PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.***

1. I understand that try outs for majorettes, flags, and drum major for the 2008 Greeneville High School marching 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 during try outs.
2. I understand that I must try out on May 2, in order to be eligible for majorette, even if I was a majorette last year. I further understand that majorettes and drum majors must play in the band. I further understand that majorettes may not be members of Advanced Chorus or any other activity that will cause them to miss practice frequently.
3. I understand that try outs will be judged by qualified judges who 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, and that I must secure my own uniform.
5. I understand that I must come to practice regularly during marching season, and come to practices as called by the head majorette during the summer, or jeopardize my membership as a majorette.
6. I understand that I am expected to be fully cooperative with the head majorette, assistant band directors, drum major, and band directors. I further understand that failure to do so will jeopardize my continued membership as a majorette.
7. I understand that if I am chosen head majorette, band must be my **FIRST PRIORITY** during marching season. I understand that I am expected to be at every full band practice, and to called extra majorette practice as needed.
8. The individual try out routine should be not more than about 2 minutes in length. In addition, majorettes will learn a group routine, taught by Ashley Webb. This year Ashley will teach the routine to the whole group in front of the judges during try outs.
9. Candidates should be able to perform the following fundamentals: Bow Toss, Toss Illusion, 2 turn, and 1 turn horizontals.

I have read and I understand the above information.

X _____ X _____ X _____
Student Signature Parent Signature Date

MAJORETTE 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 a majorette?

2. How do majorettes contribute to the band?

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

4. How would you handle conflict between yourself and another majorette?

MAJORETTE 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 Head Majorette?

Why?

GHS MAJORETTE 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 Majorette 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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