

**MID-YORK COLOR GUARD CIRCUIT**  
**2015/2016 Unit Membership Application Form**  
(Complete one (1) form for each unit.)

Official Name of UNIT: \_\_\_\_\_  
(This is the official name that will be used for all Circuit business, programs, awards, etc.)

School District/Independent Sponsor \_\_\_\_\_

**UNIT DIRECTOR INFORMATION:**

\*\*Unit Director: \_\_\_\_\_ Phone: \_\_\_\_\_ type: cell, home, work

Address: \_\_\_\_\_ Addl. Phone: \_\_\_\_\_ type: cell, home, work

E-mail address (please print VERY clearly): \_\_\_\_\_

**\*\* If you are a new director to this unit, include any previous color guard experience and list two references with addresses and phone numbers on the back of this form or on a separate sheet.**

**UNIT INFORMATION:**

School or Independent Unit Administrator: \_\_\_\_\_ Title: \_\_\_\_\_  
(List school Superintendent or Principal or Independent Administrator other than unit director.)

School/Unit Admin. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Insurance Carrier the students in your unit are covered under: \_\_\_\_\_

**CLASSIFICATION:**

State the competitive class this unit will compete in for the 2016 M-YCGC season.  
(As per M-YCGC By-Laws, if this unit competes at a WGI Regional, you must compete in the same class locally as nationally.)

Choose from: Novice, Elementary Regional A, Cadet, Scholastic Regional A, Independent Regional A, Scholastic A-3, Scholastic A-2, Scholastic A-1, Independent A, Scholastic Open, Ind. Open, Scholastic World, Ind. World

**2016 M-YCGC Competitive Class** \_\_\_\_\_

**By submitting and signing this application you, your unit members and staff, and the unit school/independent sponsor agree to abide by the rules, regulations, and procedures of the Mid-York Color Guard Circuit and Winter Guard International.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Send application by 9/15/14 to:** Mid-York Color Guard Circuit, c/o James Morton, 211 E. Main St. #1, Johnstown, NY 12095

A \$100 membership fee must be received by the M-YCGC Secretary no later than 11/1/15.

All applications will be reviewed by the M-YCGC Executive Committee on a yearly basis.

**Official Use Only:**

Application Post Mark Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Membership Fee Post Mark Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Amount Received: \_\_\_\_\_

Check # \_\_\_\_\_

P.O.#: \_\_\_\_\_