

MID-YORK COLOR GUARD CIRCUIT
2017/2018 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 2018 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

2018 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 9/15/17 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 11/1/17.

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.#: _____