



COLORGUARD APPLICATION

(please print or type)

Name _____

Home Address _____
Street City St Zip

Campus Address _____
Street City St Zip

Home Phone () Cell Phone ()

E-mail address _____ High School Attended _____

Age _____ Date of Birth _____ Height _____ Weight _____

If incoming freshman, have you applied to SEMO? Yes No

ACT Score _____ High School GPA _____

Instrument (if applicable) _____

Past Colorguard Experience: (continue on back if necessary)

Uniform Sizing: *Measurements in inches unless noted*

Neck _____ Sleeve _____ Girth _____ Shoe Size _____ Chest _____
Waist _____ Hips _____ Inseam _____ Head _____
Gloves (S to XL) _____ T-shirt (S to XXL) _____ Gym shorts (S to XXL) _____

It is understood that all judging decisions are final. I will accept these decisions gracefully and with the knowledge that the judges did their utmost to choose the applicants that will best represent SEMO. I also understand that the auditions are closed.

Signature _____ Date _____

The completion of this application is mandatory.

You may bring it to the audition or email prior to the audition:

Martin Reynolds
Director of Bands
mreynolds@semo.edu
573.651.2334