



FEATURE TWIRLER 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

High School GPA

Instrument (if applicable)

Past Twirling Experience: (continue on back if necessary)

Apparel Sizing: T-shirt (S to XL) Gym shorts (S to XL)

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 it prior to the audition:

Martin Reynolds
Director of Bands
mreynolds@semo.edu
573.651.2334