Hawthorne Caballeros Alumni Drum & Bugle Corps, Inc. Application for Membership

Name	Dat	te of Birth MM	DD)YY
Address				
City	State _		:	Zip
Home Phone:/		Cell	/	
E-Mail:	@			
Requirements for Membersh	ip:			
Applicant must be twenty-five years three years experience in a marchin Participation at all appearances and field shows, except for except	ng and maneuvering musical ur sincluding rehearsals, para	nit, unless app I des, exhibiti	roved by th	e Corps Director. erts, stage shows,
Years marched:	Name of Unit:			
Costs: (please read carefully)	PAID:	СН	ECK NO: _	
own uniform for \$350.00 (due to hat band, and sombrero rain cover, LEATHER SHOES, AND GLOVES, wh based on current uniform being wor installments, BEGINNING JANU meals on the road are at each mem PROVIDED ALL DUES ARE CURF otherwise, it will remain the propert	BUT DOES NOT INCLUDE BLA nich must be purchased separa rn. Annual dues are \$240.00 JARY OF THE FOLLOWING S ber's expense. If a member sh RENT, the Corps will buy back	CK SOCKS, PL tely by the me O payable in SEASON. Ove nould leave the	AIN-TOE Bember. Guar full or \$20 rnight hoteled corps for a	LACK PATENT rd uniform cost will be D.00 monthly I stays, gas, tolls, and any reason,
Code of Conduct:				
At all times while in Corps uniform, Hawthorne Caballeros Alumni Drum the highest standards of the overall intoxication, use of illegal substance performance, insubordination to ins to complete, sign and hand in a me considered grounds for immediate to the considered grounds are immediated.	& Bugle Corps, I will adhere to Hawthorne Caballeros organizes, use of profanities and obscetructors or staff, reckless enda mbership application and medi	o a code of per cation. Fighting enities in publi ingerment to a ical form will	ersonal cond g, (verbal on c, being int a person or not be tole	duct that will reflect r physical) public oxicated before a equipment, or failure erated and will be
I am aware that participation in the physical exertion in all types of wea understand and accept that risk. I he this date I am adequately fit to eng physician to that effect.	ther and therefore carries with nave recently consulted my per	it a potential sonal physicia	physical an n, who has	d or health risk. I determined that as of
I agree to abide by the aforementio dues in full starting the second year		agree to purc	chase my ur	niform, and pay annual
		Da	ite:	
Signature of Ap	plicant			
Accepted:		Γ)ate:	

Corps Director or Assistant Director