

10/29/2023

Hawthorne Caballeros Alumni Drum & Bugle Corps, Inc.

Application for COLOR GUARD Membership

Name _____ Date of Birth MM ____ DD ____ YY ____

Address _____

City _____ State _____ Zip _____

Phone: **Cell** ____/____/____ - ____ **Home** ____/____/____ - ____

E-Mail: _____@_____

Occupation _____ Instrument _____

Requirements for Membership:

Applicant must be a minimum of twenty-one (21) years of age, or eighteen (18) years of age with a guardian who is currently a marching member in this Corps. The applicant must have been a member in good standing with previous experience in a marching and maneuvering organization. **Participation at all rehearsals and scheduled appearances, except for absences excused in advance, is MANDATORY.**

Years marched: _____ Name of Organization: _____

Costs: (please read carefully)

Color Guard members will be required to purchase their own uniform as designated by the staff for each season, if necessary. Annual dues are \$180, payable in full, or in \$15 monthly installments, beginning the **second** season of membership. Overnight hotel stays and meals are at each member's expense.

Uniform Fee Paid: _____

Code of Conduct:

At all times while in corps uniform, jacket or clothing otherwise identifying you as a member of the Hawthorne Caballeros Alumni Drum & Bugle Corps, all members will adhere to a code of personal conduct that will reflect the highest standards of the overall Hawthorne Caballeros Organization. Fighting, stealing, public intoxication, use of any illegal substances, use of profanities and obscenities in public, or insubordination to administration, instructors, staff, or other members will not be tolerated and will be considered grounds for immediate separation from the Corps.

I am aware that participation in the drum & bugle corps activity often involves unusual physical exertion in hot weather and therefore carries with it a potential health risk. I understand and accept that risk. I have recently consulted my personal physician, who has determined that as of this date I am adequately fit to engage in this activity. If requested, I will produce a written statement from my physician to that effect.

I agree to abide by the aforementioned Code of Conduct. I also agree to purchase my color guard uniform as required and pay my annual dues (\$180.00) starting my second year of membership as indicated above.

X _____ Date: _____
Signature of Applicant (*please sign and return to the Director, or Assistant Director*)

Accepted for Membership:

X _____ Date: _____
Corps Director or Assistant Director

(for office use) - Scanned ____/____/____ emailed ____/____/____