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**OFFICE USE ONLY**

**APPROVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE \_\_\_/\_\_\_/\_\_\_ COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Camden Sophisticated Sisters Drill Team Inc.**

**Distinguished Brothers of C.S.S**

**&**

**The Almighty Percussion Sound Drum line**

**Cell (856) 383-7984 or Fax (856) 203-3774**

**Email:css@camdensophisticatedsisters.org**

**Official Application**

**Please return with $10.00 Application Fee, Birth Certificate & Latest Report Card**

Date \_\_\_/\_\_\_/\_\_\_

 T-shirt Size (circle one): Youth / Adult

 YS / YM / YL / AS / AM / AL / XL / 2XL / 3XL/ 4XL

*Background Information*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female \_\_\_\_\_ Age \_\_\_\_ DOB \_\_/\_\_/\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Educational Information*

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduated /Y/ or /N/

Grade \_\_\_\_\_\_\_ GPA \_\_\_\_\_\_\_

*Emergency Contact Information*

1. Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Extracurricular Activities*

Have you ever been apart of another drill team? Y or N

If so, what is the name of the organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of extracurricular activities are you in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical problems that may limit you from performing? Y or N

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CERTIFY THAT THE FACTS ON THIS APPLICATION ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.**

C.S.S/D.B/T.A.P.S MEMBER SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE ( IF UNDER 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_