

THE BLUE DEVILS MEMBER INFORMATION SHEET 2007

FULL LEGAL NAME _____ SEX _____ AGE _____

PERMANENT ADDRESS _____

CITY _____ ST _____ ZIP _____ COUNTRY _____

LOCAL ADDRESS (complete AFTER you have moved!) _____

CITY _____ ST _____ ZIP _____

PERMANENT TELEPHONE _____ LOCAL TELEPHONE _____

CELL/PAGER: _____ EMAIL: _____

DATE OF YOUR BIRTH _____ CITY AND STATE OF BIRTH _____
(mo/day/year)

MOTHERS (MAIDEN) NAME ON BIRTH CERTIFICATE: _____

SOCIAL SECURITY #: _____ PASSPORT #: _____

NAME/CITY/STATE OF HIGH SCHOOL YOU ATTENDED: _____

SECTION OF CORPS Brass Percussion Instrument: _____ Color Guard

PREVIOUS CORPS EXPERIENCE (Corps name and year(s) marched): _____

FATHER'S CONTACT INFORMATION

MOTHER'S CONTACT INFORMATION

Name _____

Name _____

Address _____

Address _____

City/St/Zip _____

City/St/Zip _____

Phone: _____

Phone: _____

Email: _____

Email: _____

IF YOUR PARENTS DO NOT LIVE TOGETHER, WHO SHOULD RECEIVE INFORMATION?
FATHER _____ or MOTHER _____

ADDITIONAL EMERGENCY CONTACT: _____
(name and full phone number)

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____
(if applicant under age 18)