Clarksburg High School Marching Band Registration

Student Full First	Name :							
Student First Nar	me (nickname)	<u>:</u>						
Email address (student):								
Email address (p	arent):							
Home phone: Student cell phone:								
Gender:	Male	Female	<u>T-shirt size:</u>	S	М	L	XL	XXL
<u>Graduation Year</u>	: 2022 (8 th gra	de) 2021(Freshman)	2020 (Sophomo	ore)	2019 (Ju	nior)	2018 (Senior)
Primary instrument: or COLOR GUARD or MAJORETTE								RETTES
Secondary instrument: or COLOR GUARD or MAJORETTE								
Allergies/Medical Conditions (that may affect participation):								
Uniform Sizing:	Height:	Weight:	Waist:	He	ad circun	nferen	ce:	
	Shoe Size:	Glove size (colo	r guard only):	S	М	L	XL	

Please read the reverse side of this form and sign it to confirm your participation in the Clarksburg Marching Band Program.

After filling out this form completely, please return it to Mr. Orifici via email (save it or scan it) or regular mail.

Email: charles a orifici@mcpsmd.org

You may also bring this form to Mr. Orifici In Room 136 at CHS.

Regular mail: Mr

Mr. Charles Orifici Instrumental Music Department Clarksburg High School 22500 Wims Road Clarksburg, MD, 20871