Rivertown
Performing Arts League, Inc.

APPLICATION

Ability Winter Guard

Winter Z Guard

There is a $10.00 Application Fee for new members.
Please bring the completed Application and Application Fee (cash, check or money order payable to Rivertown Performing Arts League, Inc) to the audition, or mail the completed Application and Fee (check or money orders only, please do not send cash through the mail) to:

Rivertown PAL, Inc.
PO Box 7, Flatwoods, KY 41139

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Age: _____ Birth Date: _____ School (if applicable):_____

Home Phone with Area Code: _____ Cell Phone with Area Code:_____

Member Email Address: _____

Parent / Guardian Email Address: _____

Emergency Contact Person: _____

Relationship: _____ Phone Number with Area Code: _____

Parents/Guardians Name: _____

Parents / Guardians Phone Number: _____

Parents / Guardians Address (if different from member) _____

_____

Please complete BOTH SIDES of this page>>>>>>>>>>>>>>

Please list your marching experience (Marching Band, Drum Corps, Winter Guard, Dance Teams, Etc)

Organization	City/ State	Years Marched

I have experience in:

Flag _____ Number of Years _____ Saber _____ Number of Years _____

Rifle _____ Number of Years _____ Dance _____ Number of Years _____

Please list any special camps or training:

I understand that the decisions of the Director and Staff of Rivertown Performing Arts League, Inc. (Ability Winter Guard, Z Winter Guard) about membership are final. I agree to abide by these decisions.

MEMBER SIGNATURE: _____DATE:_____

PARENT / GUARDIAN SIGNATURE: _____DATE:_____