



TUSKEGEE

U N I V E R S I T Y

Marching Crimson Piper Band Crimson Piperettes (Dance Line)

Information/Registration Form

Date: _____

Name: _____

Student ID# _____ Date of Birth: _____

Classification: _____ (FR, SO, JR, SR) Major: _____

Phone #: _____ Cell phone #: _____

E-mail: _____

Local Address: _____

City _____ State _____ Zip _____

Parent's Name: _____

Permanent Address: _____

City _____ State _____ Zip _____

Parent's Phone #: _____

In the space provided, briefly describe your performance background or experience:

Are there any medical conditions we need to be aware of (*i.e. asthma, allergies, dietary concerns, knee problems, etc.*)

Height: _____ Shoe Size: _____

Weight: _____ Shirt Size: _____

By signing this form and auditioning for the Crimson Piperettes:

I, the undersigned, understand that it is necessary for me to have medical insurance to be permitted to audition and to participate in the Crimson Piperette program at Tuskegee University. It is also understood that my parents and I have and will maintain medical insurance that will cover me in the event of injury while participating in this program. _____

I, the undersigned, understand that I am required to maintain no less than a minimum overall GPA of 2.30. The Director of Bands and the Piperettes Coordinator have permission to check my grade point average for the purpose of auditions and to continue to check each semester while I am participating in this program. _____

I, the undersigned, further understand that the Crimson Piperettes serve as ambassadors for the Tuskegee University Marching Crimson Piper Band and Tuskegee University. As a member of the Piperettes I must uphold, reflect, and project the goals, ideals, uniformity, and standards of the role of my position as set by the Director of Bands, the Piperettes Coordinator, and the Band Handbook. _____

I, the undersigned, understand that the uniforms, accessories and equipment issued to me for the purpose of performance are the property of The Tuskegee University Marching Band. They should be worn **only** for official performances and that I am responsible for the upkeep and returning of them upon request. Any loss or damage to items will be charged to me. _____

I, the undersigned, understand that any violation of these standards may result in disciplinary action, probation, or dismissal from the squad at the discretion of the Director of Bands and Piperettes Coordinator. _____

Print Name: _____ Signature: _____

Parent's Signature (if under 18 years of age): _____

Bring completed registration forms with you to auditions.

Questions regarding the band program may be addressed to Warren L. Duncan, Director of Bands, Department of Fine and Performing Arts, (334) 727-8325. Questions regarding the Piperettes may be addressed to Lyn Thompson, Piperettes Coordinator.

Type into this form to fill it out, save it to your computer, and e-mail it as an attachment, fax or mail it to:

Warren L. Duncan, Director of Bands
Band Cottage
1200 W. Montgomery Rd.
Tuskegee University
Tuskegee, AL 36088
duncan@mytu.tuskegee.edu
Phone: (334) 727-8325 Fax: (334) 724-4295