

For Office Use Only:
Date Received: _____
Offer Amount: _____



Miles College "PURPLE MARCHING MACHINE" Application

Date: _____ Social Security Number: _____ - _____ - _____

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Home Phone: (_____) _____ Cell Phone: (_____) _____

Parent/Guardian

Name: _____ Home Phone: (_____) _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Name of High School: _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Name of Band Director: _____

Home Phone: (_____) _____ School Phone: (_____) _____

Major Instrument: _____ Secondary: _____

If Baritone Horn: _____ Trebel or Bass Clef

If Saxophone: _____ Alto or Tenor

If Percussion: _____ Snare Quads Bass Drum Cymbal

Do you own your Instrument? () Yes () No Make of Instrument: _____

Number of years participated in Band? Concert _____ Marching _____

Signature _____ *If under 18, parent or guardian must sign.*