



PHANTOM REGIMENT

*winter guard*

# -Registration Form-



Auditionee #

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Equipment Preference:      *Flag*                      *Rifle*                      *Sabre*                      *Capable to perform all*

Guard/Dance Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any travel concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions or specific needs that need to be addressed?

\_\_\_\_\_  
\_\_\_\_\_