

# FCHS COLOR GUARD CLINIC REGISTRATION

## STUDENT INFORMATION:

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

Grade (22-23 school year): \_\_\_\_\_

School Attending Next Year: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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