

**MID-YORK COLOR GUARD CIRCUIT**  
**2020/2021 Unit Membership Application Form**  
(Complete one (1) form for each unit.)

Official Name of UNIT: \_\_\_\_\_  
(This is the official name that will be used for all Circuit business, programs, awards, etc.)

School District/Independent Sponsor \_\_\_\_\_

**UNIT DIRECTOR INFORMATION:**

\*\*Unit Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Addl. Phone: \_\_\_\_\_

E-mail address (please print VERY clearly): \_\_\_\_\_

**\*\* If you are a new director to this unit, include any previous color guard experience and list two references with addresses and phone numbers on the back of this form or on a separate sheet.**

**UNIT INFORMATION:**

School or Independent Unit Administrator: \_\_\_\_\_ Title: \_\_\_\_\_  
(List school Superintendent or Principal or Independent Administrator other than unit director.)

School/Unit Admin. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Carrier the students in your unit are covered under: \_\_\_\_\_

**CLASSIFICATION:**

State the competitive class this unit will compete in for the 2021 M-YCGC season.

(As per M-YCGC By-Laws, if this unit competes at a WGI Regional, you must compete in the same class locally as nationally.)

Choose from: Novice, Elementary Regional A, Cadet, Scholastic Regional A, Independent Regional A, Scholastic A-3, Scholastic A-2, Scholastic A-1, Independent All Age, Independent A, Scholastic Open, Ind. Open, Scholastic World, Ind. World

**2021 M-YCGC Competitive Class** \_\_\_\_\_

By submitting and signing this application you, your unit members and staff, and the unit school/independent sponsor agree to abide by the rules, regulations, and procedures of the Mid-York Color Guard Circuit and Winter Guard International.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Send application by 9/15/2020 to: Mid-York Color Guard Circuit, c/o James Morton, 9 Frasier Ave, Johnstown, NY 12095**

*A membership fee of \$250 must be received by the M-YCGC Secretary no later than 11/15/2020.*

**All applications will be reviewed by the M-YCGC Executive Committee on a yearly basis.**

**Official Use Only:**

Application Post Mark Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Fee Post Mark Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Received: \_\_\_\_\_ Check # \_\_\_\_\_

P.O.#: \_\_\_\_\_