

Central Florida Marching Showcase
Registration Form

\$100 Entry Fee

Please complete and return this form with your non-refundable check made payable to:
Kathleen High School Band Boosters

Deadline: September 18, 2009



Name of School: _____

Band Name: _____

Band Director: _____

Assistant Director: _____

Mailing Address: _____

City: _____

State & Zip Code: _____

School Phone: _____

Other Contact Number: _____

Fax: _____

Email: _____

Number of Winds: _____

Total Number of Band: _____

Director's Signature

Mail to: Kathleen High School Band Boosters
2600 Crutchfield Rd.
Lakeland, FL 33805

2009 Central Florida Marching Showcase

Kathleen Sr. High School, 2600 Crutchfield Rd. Lakeland, FL 33805
(863)499-2777 Fax: (863)499-2726 Email: gabriel.hinton@polk-fl.net

Participant Information Sheet

Please fill in the information below and return by September 18th. If you have any Questions about Central Florida Marching Showcase, please contact Mr. Gabriel Hinton at (863)499-2777 or by Email at gabriel.hinton@polk-fl.net. Thank you.

School Name: _____
Band Name: _____
Phone Number: _____
City: _____
School Colors: _____
School Principal: _____
Director's Name: _____
Staff's Names
and Title(s): _____

Drum Major(s) Name(s): _____
Band Officers/
Section Leaders: _____

Soloist Name(s)
and Instrument(s): _____

Name/Theme of Show:
Selections to be Performed: 1 _____
2 _____
3 _____
4 _____
5 _____

Important information:

Number of Buses: _____ Approximate arrival time: _____
Number of Equipment Vehicles: _____

Changing Facilities Need: YES _____ NO _____ Before or After Performance: _____

Will your Band Members be eating at the concession stand: YES _____ NO _____