



SCHOLASTIC ELIGIBILITY CERTIFICATION

EFFECTIVE DATE OF CERTIFICATION FORM: _____

Instructions: Fill in all blanks with appropriate information. All entries from scholastic units MUST have the signature of the school principal. Please turn this form into the check in table when you arrive at your first competition. A fully competed form must be on file with the contest director before the unit will be allowed to compete in any TCGC sponsored event, and MUST BE UPDATED if any changes to the membership occur.

NAME OF SCHOLASTIC GROUP: _____

COLORGUARD _____ PERCUSSION _____ CLASSIFICATION: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

DIRECTOR NAME: _____ PHONE: _____ EMAIL: _____

CERTIFICATION: I hereby certify that all members listed below are all students of the above school and are approved by the school and/or school district to participate as a member of this scholastic color guard or percussion ensemble. These members meet all guidelines and eligibility requirements to be certified to compete in TCGC Competitions.

PHONE: _____ EMAIL: _____

PRINT NAME (Principal)

SIGNATURE (Principal)

LIST ALL PERFORMING MEMBERS IN THE SPACES BELOW (CONTINUE ON ADDITIONAL PAGE AS NEEDED)

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |