



De Soto Bands Color Guard Application

Thank you for your interest in trying out for the De Soto Color Guard Program. In this packet, you will find the information for auditioning for a spot on the De Soto Bands Color Guard Team. We will have three days of auditions. The first two days will be teaching the audition material, and the final day will be the audition itself.

Audition days are April 24th-26th from 4 to 5:30 PM

All completed paperwork should be turned in on the first day of auditions on April 24th. I look forward to seeing you at tryouts. If you have any questions, please contact Mrs. Boyer
(boyer.samantha@desoto.k12.mo.us)

THE COLOR GUARD PROGRAM

Color Guard is a combination of the use of flags, sabers, mock rifles, and other equipment, as well as dance and other interpretive movements. In a Marching Band, the color guard is a non-musical section that provides additional visual aspects to the performance. The marching band and color guard performance generally takes place on a football field. The color guard performs alongside the marching band at football games and most guards regularly compete in competitions during the fall. The purpose of the color guard is to interpret the music that the marching band is playing via the synchronized work of flags, sabres, rifles, and through dance to enhance the visual effect of the marching band as a whole.

The De Soto Color Guard performs with the De Soto High School Marching Band at home football games as well as other scheduled competitions and parades.

AUDITION PAPER WORK CHECKLIST

- 3 Teacher Evaluations
- Personal Information Sheet
- Statement of Permission and Agreement
- Eligibility /Experience Form
- Attendance Verification Form

AUDITION MATERIAL (Videos on desotobands.org)

Flag Work:

1. Drop Spins
2. Cones
3. Sunshine
4. Carousel
5. Single Toss
6. Toss
Exercise

Dance Work:

1. Tendu
2. Kicks
3. Jazz Walk
4. Saute Leaps
5. Sit Rolls
6. Floor
Combination

Routine:

1. De Soto Fight
Song



De Soto Bands Personal Information Form

DATE OF REGISTRATION

/ /

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Mrs. Boyer
(boyer.samantha@desoto.k12.mo.us)

PERSONAL INFORMATION

Full Name :	<input type="text"/>		
Nickname :	<input type="text"/>	Current Grade Level:	<input type="text"/>
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Current GPA:	<input type="text"/>
Email :	<input type="text"/>	GPA Verified by:	<input type="text"/>
Phone Number:	<input type="text"/>		
Address:	<input type="text"/>		

PARENT/GUARDIAN INFORMATION

Name:	<input type="text"/>	Phone Number :	<input type="text"/>
Email :	<input type="text"/>		
Name:	<input type="text"/>	Phone Number :	<input type="text"/>
Email :	<input type="text"/>		

EMERGENCY CONTACT

Name:	<input type="text"/>	Phone Number :	<input type="text"/>
Relationship to You :	<input type="text"/>	Cell Phone Number :	<input type="text"/>

Allergies/Health Problems/
Medications



De Soto Bands Statement of Permission

Statement of Permission and Agreement

If you make the De Soto Color Guard team, realize that you are making a commitment to De Soto High School, your coach, your band directors, your teammates, and yourself for the complete season (full year). The decision to tryout should not be taken lightly. You will be expected to put De Soto CG as one of your top priorities. Furthermore, as a representative of De Soto High School, you must maintain proper behavior at all times. These activities will not only channel your enthusiasm and spirit in a constructive and beneficial manner, but will give you a sense of pride and accomplishment in being a part of a group.

STUDENT AGREEMENT

I, _____ have read and understand the DE SOTO COLOR GUARD HANDBOOK and the TRYOUT INFORMATION. I agree to abide by the policies described if I am chosen as a member of the TEAM. I am agreeing to the information in the packet and understand that failure to adhere to these rules policies could result in dismissal from the team.

Student Signature

Date

PARENT AGREEMENT

I, _____ the parent or legal guardian of _____ have read and understand the DE SOTO COLOR GUARD HANDBOOK and the TRYOUT INFORMATION. I agree to abide by the policies described if my child is chosen as a member of the team. I also agree to the financial obligations as they are described in the information provided. I understand that failure by me or my child to adhere to these policies could result in dismissal from the team.

Parent/Guardian Signature

Date



De Soto Bands Eligibility/Experience Form

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Mrs. Boyer

(boyer.samantha@desoto.k12.mo.us)

PERSONAL INFORMATION

1. Have you been a member of this or any other color guard before? YES NO

If yes when and where?
How many years?
2. Do you have formal dance training? YES NO

If yes where did you study?
How many years?
3. Do you play an instrument? YES NO

If yes which instrument?
How many years?
4. Have you been involved in other performance activities such as drama or athletics? YES NO

If yes what?
How many years?
5. Have you ever quit or been dismissed from a team/group at any school? YES NO

If yes explain.
6. Have you been in ISS or suspended at any time in the last two years? YES NO

If yes explain.
7. Why would you like to be a member of the De Soto Color Guard program: (Use the reverse of the paper if needed.)



De Soto Bands Teacher Evaluation

Student Name :

School:

Current Grade
Level:

Thank you for taking the time to complete this evaluation on behalf of the above-named student. Please fill out the following information to the best of your knowledge. All ratings and comments will be kept confidential.

Please return this form to Mr. Boyer (Band Room) at the High School or emailed to boyer.samantha@desoto.k12.mo.us

This form is due by April 24th, 2023

PLEASE RATE THE STUDENT'S QUALITIES USING THE FOLLOWING SCALE:

	5=BEST	4=ABOVE AVERAGE	3=AVERAGE	2=BELOW AVERAGE	1=POOR
1. Work Habits:	1	2	3	4	5
2. Attitude Towards Other Students:	1	2	3	4	5
3. Responsibility:	1	2	3	4	5
4. Promptness:	1	2	3	4	5
5. Reaction to Criticism:	1	2	3	4	5

Is this student currently passing your class? YES NO

Do you recommend this student for membership in the De Soto Color Guard Program? YES NO

Please feel free to write any additional comments below and on the back of this sheet if necessary.

Teacher Signature

Date

Teacher Name (Printed)

Subject



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