

Missouri State University

FRIENDS of the PRIDE COLOR GUARD

-Registration Form-

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

If you wish to register and pay online, please visit our website at:
www.missouristate.edu/Band/friends-of-the-pride-color-guard.htm

_____ My \$50 membership fee is enclosed.

Signature: _____ Date _____

Return to:
MSU Wehr Band Hall
Attn: Friends of the PCG
901 South National Avenue
Springfield, MO 65897

Thank you for your support of the Missouri State University Color Guard.