

**APPLICATION FOR HOMER HIGH SCHOOL DDF TEAM**

Name of Student: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Student Cell Phone Number \_\_\_\_\_ (if applicable)

Do I have permission to text your student? \_\_\_\_ Yes \_\_\_\_ No

Student E-mail: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

\_\_\_\_\_ (Work)

E-mail (for Parent): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Cell Number

Are there any dietary needs that we need to be aware of (allergies, etc)? \_\_\_\_\_

What other sports/extra-curricular activities will your student be participating in during the school year? \_\_\_\_\_

Event(s) Student is most interested in:

Debate: \_\_\_\_\_

Acting: \_\_\_\_\_

Pantomime: \_\_\_\_\_

Reader's Theatre: \_\_\_\_\_

Interpretations: \_\_\_\_\_

Extemporaneous Speaking: \_\_\_\_\_

Oration/Expository: \_\_\_\_\_

Return Application and \$150 membership fee (made payable to Homer High School DDF). Questions? Contact Amy Johnson at 235-4667 or [AJohnson@kpbsd.k12.ak.us](mailto:AJohnson@kpbsd.k12.ak.us)