PANOLA COLLEGE

Fourth ANNUAL MILITARY DRUM MAJOR CAMP JUNE 15-19, 2025



PANOLA COLLEGE CAMP DIRECTORS

Dwaine Hubbard 903-926-3584 Email-dhubbard@panola.edu Johnny Cotton 936-305-1791 Email-jcotton@carthageisd.org

MILITARY DRUM MAJOR INSTRUCTORS

Deshmond Johnson-Former SFA DM Tori Thomas-Former KC Drum Major Jackie Johnson, RN – Former Drum Major Todd Dock – Former SFA DM

	First Name	Middle Initial	CAMP FEES	
			ENTRY DEADLINE MAY 27	, <u>2025</u>
Grade for Sept. 1, 2024	Date of Birth	Male or Female	(check one)	\$20 7 00
• /			FULL CAMP Commuter With Meals	
Home Mailing Address			Make Checks or Money Orders To:	
			PANOLA COLLEGE DRUM MAJO	OR CAMP
City	State	Zip	ATTN: Dwaine Hubbard, Dire	ctor
()			1109 W Panola Street	
Your Phone	Yo	ur School Name	- Carthage Texas 75633	
Band Directors Name Director Cell			DO NOT SEND CASH!	
Danu Directors Name	Director Ce	T-Shirt Size S, M, L ,XL, XXL		
Band Director Email		(Circle One)		
DOOLDALED DEOLEGE			A Minimum deposit of \$175.00 is required. The balance is due by deadline date. Make payments with School Check, Money Order or Personal	
ROOMMATE REQUEST STUDENT_	:		Check.	
010021(1			REFUNDS	
Directors if you have two campers that would like to room together please			\$25.00 fee on refund prior to entry deadline. \$35.00 fee on refunds after entry deadline.	
combine their entries.			\$35.00 fee on retunds after entry deadline.	
			NO REFUNDS FOR STUDENTS LEAVING CAM	IP EARLY.
Parents and or Guardians will be notified immediately in case of an infraction. Parent or Guardian Signature			Date	
		MEDICAL RI	ELEASE arent and or guardian before a place can be reserv	ed for the student in
The following release	MINIT he read complete	tu anu signeu by the student, pr		cu ioi me student m
The following release	e <u>MUST</u> be read, complete	the Panola Military Dru	ım Major Camp.	
_		the Panola Military Dru		As he does do d
This is to certify that I,		the Panola Military Dru	n for my dependent child,	to be treated
This is to certify that I, medically while in atter	ndance at PANOLA COL	the Panola Military Dru grant permission LEGE by local physicians. I f		r medical center, by
This is to certify that I, medically while in atter physicians in attendance	ndance at PANOLA COL	the Panola Military Dru grant permission LEGE by local physicians. I freatment be required. Is your	n for my dependent child, Curther authorize treatment, at the local hospital o	r medical center, by insurance? <u>Yes or No</u>
This is to certify that I, medically while in atter physicians in attendanc (circle one) If so, plea	ndance at PANOLA COL	the Panola Military Dru grant permission LEGE by local physicians. If reatment be required. Is your company and membership/polic	n for my dependent child,	r medical center, by insurance? <u>Yes or No</u>
This is to certify that I, medically while in atter physicians in attendanc (circle one) If so, pleater List any allergy or spec	ndance at PANOLA COL ce at the facility, should to ase give the name of the c	the Panola Military Druggrant permission LEGE by local physicians. If reatment be required. Is your company and membership/polices should be aware	n for my dependent child,	r medical center, by insurance? <u>Yes or No</u>
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This is to certify that I, medically while in atter physicians in attendanc (circle one) If so, pleatest any allergy or spectage List any special medica Can over-the-counter in Written permission fro COLLEGE AND THE	ndance at PANOLA COL ce at the facility, should to ase give the name of the c cial disability of which we ation or treatment your cl medicine such as headach om a family doctor must b MILITARY DRUM MA ED OR REGULAR TREA	the Panola Military Dru	n for my dependent child, Curther authorize treatment, at the local hospital of child covered by any form of hospital or surgical is y number and attach a photocopy of your insurant authorize to your child by our staff? Yes or No e is to have shots or regular treatment while at car	r medical center, by insurance? Yes or Notec card. (circle) mp. PANOLA