

Band/Orchestra Festival Participation Form

Email this form to the Chairperson 30 days before the Band/Orchestra Festival or by the Chairperson's deadline.

School Name: _____ School Phone: _____

School Address: _____

School Coordinator: _____ Coordinator Email: _____

Band/Orchestra(s) Information

Check one: Elementary Middle School Senior High

Group Name: _____

Director Name: _____ Director Email: _____

Number of Students: _____ Grade Levels in this Group: _____

Song Title #1: _____ Composer/Arranger _____

Song Title #2: _____ Composer/Arranger _____

Check one: Elementary Middle School Senior High

Group Name: _____

Director Name: _____ Director Email: _____

Number of Students: _____ Grade Levels in this Group: _____

Song Title #1: _____ Composer/Arranger _____

Song Title #2: _____ Composer/Arranger _____

Check one: Elementary Middle School Senior High

Group Name: _____

Director Name: _____ Director Email: _____

Number of Students: _____ Grade Levels in this Group: _____

Song Title #1: _____ Composer/Arranger _____

Song Title #2: _____ Composer/Arranger _____

*If participating in multiple events (Elem/JH/SH), submit a different form for each event level to the Chairperson(s).
Copy as needed for additional entries.*