

# Arkansas School Band and Orchestra Association



**Region .....**  
**....., Chair**

*S A M P L E – You fill in the ‘.....’*

TO: Administrators, Region .....

FROM: ....., Chairman

SUBJ: Request approval for date changes

Please consider the following requests for changes of dates for Region .....

Please vote, sign and fax to me at .....by .....

Thank you for your prompt attention to this request.

Due to conflicts with ..... we are requesting to change the date for .....  
..... to .....

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Due to conflicts with ..... we are requesting to change the date for .....  
..... to .....

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

School \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_