

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 atby

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 _____