

# Arkansas School Band and Orchestra Association

## ALL-STATE CLINIC REGISTRATION/CERTIFICATION

### 2019 CHAMBER ORCHESTRA

**PLEASE!**

1. Print the required information requested on this form for each student who will be participating in the All-State Chamber Orchestra AS SOON AS RESULTS ARE FINAL!
2. Send check made to ASBOA for all students - \$15.00 per student.
3. Register the directors from your school who will be attending the clinic on the following form. The Music Conference registration fee is \$30.00 per director. Both fees may be included in the same check, OR it may be sent in a separate check to AR Music Conference. If you have students in other All-State groups, you only need to pay **ONE \$30.00** registration fee per director for the entire conference. Please tell directors in your system if you have registered them.
4. Mail this form and fees ASAP to: ASBOA, PO Box 2024, Russellville, AR 72811.

<b>School</b>	<b>Director</b>	<b>WK PH</b>
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Please type or print NEATLY! In **SCORE ORDER**, PLEASE!  
CHECK SPELLING CAREFULLY!

	INSTRUMENT (Score Order)	FIRST NAME	LAST NAME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

I certify that these students are eligible under the rules of ASBOA and AAA. Each student agrees to abide by all ASBOA, AAA, All-State Music Conference and individual school policies. I will have in my possession at the conference an All-State Conduct Form, signed by each student and his/her parent(s) or guardian. A director or principal approved responsible adult will be responsible for these students during the conference.

**Director's Signature**

**Students** \_\_\_\_\_ **@ \$15.00 each**      **\$**

# Arkansas Music Conference

## February 13-16, 2019

### DIRECTOR/TEACHER REGISTRATION

Please fill out the following information on the directors from your school you would like to pre-register. This will save congestion and time at the registration table on site. Those who have **PREPAID** for students and directors will be able to pick up their packet at a separate table – no long line!

**SCHOOL**

**DIRECTOR/TEACHER**

**SCHOOL (only if different from above)**

**DIRECTOR/TEACHER -**

**SCHOOL (only if different from above)**

**DIRECTOR/TEACHER -**

**SCHOOL (only if different from above)**

**DIRECTOR/TEACHER -**

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**DIRECTOR/TEACHER -**

**SCHOOL (only if different from above)**

**DIRECTOR/TEACHER -**

**SCHOOL (only if different from above)**

**CHAPERONE -**

**CHAPERONE -**

**CHAPERONE -**

**CHAPERONE -**

**CHAPERONE -**

**BUS DRIVER -**

**COLLEGE OR UNIVERSITY STUDENT -**

**STUDENT INTERN -**

**Directors, Music Teachers**

\_\_\_\_\_ @ \$30.00

\$ \_\_\_\_\_

**Chaperones, Retired Music**

\_\_\_\_\_ @ \$5.00

\$ \_\_\_\_\_

**Teachers, Bus Drivers**

**College Students, Interns**

**TOTAL ENCLOSED**

**\$**

**Send completed form and check to: ASBOA, PO Box 2024, Russellville, AR 72811**