

Arkansas School Band and Orchestra Association

COLLEGE AND ASSOCIATE REGISTRATION STATEMENT

Please send in a separate form for person --
the money for all teachers at a school may be combined into one check.

Please type or print. – **PLEASE** fill in ALL requested information.

ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30TH WILL BE INCLUDED IN THE ROSTER.

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|----------------|--------------------|
| 1. Name | 2. Position |
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| 3. School |
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In addition to submitting this form, you MUST complete all other contact information online on the E-Form

I would be interested in presenting the following clinic or ensemble performance for All-State or ABA:

I would like to recommend the following topic or person for a clinic at All-State or ABA:

**DEADLINE FOR PAYMENT OF FEES IS SEPTEMBER 30TH.
ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30TH WILL BE INCLUDED IN THE ROSTER.**

COLLEGE/ASSOCIATE MEMBERSHIP FEE - \$15.00

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| Make check payable and send to: (Please make sure that your office has this address for ASBOA!) | Arkansas School Band and Orchestra Association 6227 Tech Lane Russellville, AR 72801 FAX 479-498-6063 or 501.421.7994 julia.reynolds@atu.edu |
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|-----------------------------|--------------|-------------|------------|---------------|
| FOR OFFICE USE ONLY: | REC'D | CASH | PO# | CHECK# |
| | FROM | | | AMOUNT |