

Arkansas School Band and Orchestra Association  
**ALL-STATE CLINIC REGISTRATION/CERTIFICATION**  
**Orchestra, Wind Symphony, Symphonic Band, Concert Band**  
**PLEASE!**

1. Print the required information requested on this form for each student who will be participating in the All-State Orchestra or Bands AS SOON AS RESULTS ARE FINAL!
2. Send check made payable to ASBOA for all students - \$15.00 per student.
3. 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			

**Director's Signature -**

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

**ASBOA Office – Phone: 479.498.6059 – FAX: 501.421.7994 – Email: [julia.reynolds@atu.edu](mailto:julia.reynolds@atu.edu)**

# Arkansas Music Conference

## February 19-22, 2020

### 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 -**

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

**DIRECTOR -**

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

**DIRECTOR -**

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

**DIRECTOR -**

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

**DIRECTOR -**

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

**DIRECTOR -**

**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  
Teachers, Bus Drivers**

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

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

**College Students, Interns**

**TOTAL ENCLOSED**

**\$**

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

**Fax 501.421.7994**