

Arkansas School Band and Orchestra Association  
**ALL-STATE CLINIC REGISTRATION/CERTIFICATION**  
**Orchestra – Including Winds/Perc**  
**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. Register the directors from your school who will be attending the clinic on the following form. The Music Conference registration fee is \$40.00 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 \$40.00** 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, 1711 Coliseum Dr, MSC 6036 Russellville AR, 72801

|                 |                   |                |
|-----------------|-------------------|----------------|
| <b>School –</b> | <b>Director -</b> | <b>WK PH -</b> |
|-----------------|-------------------|----------------|

Please type or print NEATLY! **In SCORE ORDER**, PLEASE!  
**CHECK SPELLING CAREFULLY!**

|    | <b>INSTRUMENT (Score Order)</b> | <b>FIRST NAME</b> | <b>LAST NAME</b> |
|----|---------------------------------|-------------------|------------------|
| 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 -**

|   |           |
|---|-----------|
| <b>Students</b> _____ <b>@ \$15.00 each</b> | <b>\$</b> |
|---|-----------|

**ASBOA Office – Phone: 479.498.6059 – FAX: 501.421.7994 – Email: ddove@atu.edu**

# Arkansas Music Conference

## February 15-17, 2024

### 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 -**

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

**DIRECTOR/TEACHER -**

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

**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**

\_\_\_\_\_ @ \$40.00

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

**Chaperones, Retired Music**

\_\_\_\_\_ @ \$10.00

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

**Teachers, Bus Drivers**

**College Students, Interns**

**TOTAL ENCLOSED**

**\$**

**Send completed form and check to: ASBOA, 1711 Coliseum DR, MSC 6036 Russellville AR, 72801**